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COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR

1964

ON THE

**HEALTH, WELFARE, AND
SCHOOL HEALTH SERVICES**

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.
Medical Officer of Health

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ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT
AVENUE HOUSE
EASTBOURNE

September, 1965

*To Her Worship the Mayor and to the Aldermen and Councillors of the
County Borough of Eastbourne*

MADAM MAYOR, LADIES AND GENTLEMEN,

The edition of the Annual Report which I have the honour to present is the seventy-third. There was, however, a Public Health Service in the Eastbourne area for many years prior to the publication of the first Annual Report. The Local Board for the then Urban Sanitary District of Eastbourne first met in 1859, but it was not until 1873 that a Medical Officer of Health was appointed, whose services were shared with neighbouring Sanitary Districts. The Borough was incorporated in 1883 and the first full-time Medical Officer of Health (Dr. R. Dudfield) was appointed in 1891, which was the beginning of the era of Annual Reports.

Whilst these reports contain inevitably much that is vain repetition, they do serve as a permanent record to indicate the tremendous changes which have taken place in the scope and emphasis of the Public Health Service and in social and economic circumstances. The pace of such change is accelerating and has undoubtedly been more extensive and dramatic in the past fifteen years than during the whole of the previous sixty. The *Lancet*, in its editorial columns in July, 1965, stated:

"The great battles of orthodox public health were won long ago, and for years it has been in danger of becoming the dreariest of medical disciplines, with a glorious past and no apparent future. But with the extension of epidemiology public health can take on a new meaning. The initiative lies with medical officers of health."

The Public Health Service in general has undoubtedly suffered over the years by being regarded, particularly by those majority of medical men engaged in clinical medicine, as being preoccupied with the elimination of sanitary nuisances, the provision of drains, sewers, public conveniences, unfit houses and even cemeteries. With the challenges of the new public health before us, I make no apology for endeavouring to throw off this image and to establish the new centre of gravity of the work in co-operation with the general practitioner and other professional workers on the National Health Service towards the promotion of personal and family health and welfare. Such reorientation, however, can allow of no relaxation of effort in the prevention of the spread of communicable disease and, in particular, food-borne disease which is an ever-present menace in a holiday resort.

Statistical

The Registrar General's mid-year estimate of population of 63,530 represented an increase of 1,520 over the previous year, a rise of 2.45 per cent. This percentage increase for the year was exceeded by only one other County Borough. The rapid rate of increase began in 1961 and has been sustained. The actual increase between mid-1960 and mid-1964 being 5,590, a rise of 9.65 per cent. in the space of four years, representing the highest rate of increase for any County Borough during that period. A comparable rate of increase has also taken place in the adjacent County area. Whilst the birth rate was also rising during that period, it is evident that the prime cause of the increase is inward migration.

In 1964 the birth rate at 14.08 (corrected) remained high in relation to the post-war years, but had levelled off slightly from the previous year when it was 15.68 (corrected).

Whilst there was a downward tendency in the death rate (crude and corrected) in relation to previous recent years, there was an increase in cancer death rate (page 17) which at 3.51 reached the highest recorded figure. The incidence of cancer of the lung continued the pattern of increase which has been a national feature for some years past. The figure of 52 deaths was the highest ever recorded and has more than doubled in less than ten years, giving point to continued propaganda in favour of the elimination of cigarette smoking. The age increase of these deaths is set out for the first time and appears on page 16. It is to be noted that the youngest of such deaths occurred in a female aged 40.

The age of incidence of deaths due to coronary disease is also set out on page 16. Whilst coronary thrombosis may well be a merciful way of passing when life's span has drawn to its close, some 48 of the 207 deaths occurred under the age of 65 and could be described as a premature cause of death. On a national scale, the incidence reaches down into the forties and thirties, even more dramatically than is apparent from this year's local figures. Premature coronary thrombosis is an important challenge to preventive medicine.

The total of deaths resulting from accident (35) appears to have been the highest ever recorded. It should be noted that no more than two of these was due to road accidents, emphasising the necessity for sustained activity directed towards home, industrial and water safety.

Also for the first time, and consequent upon an enquiry from the Medical Research Council, I am including an analysis of the age incidence of suicides for the years 1954 to 1964 on page 18 which, in spite of an elderly population, illustrates the highest incidence in the group 46+ which I consider to be a period of particular strain, where the demands of both young and old are often brought to bear simultaneously and may well justify the coining of a phrase such as "mediatrics" to focus attention on the medical and social requirements of middle age.

Domiciliary Services

The year has again been characterised by unabating pressure on the services which enable the sick, disabled and aged to be cared for at home.

Disregarding the population increase noted above, it has been computed that the area is deficient to the extent of at least 50 hospital beds for the aged sick. Furthermore, it has been no unusual thing for up to 20 of the existing beds to be out of action due to staff shortages. The consequence of this upon local health authority services already beset by the same staffing difficulties is serious. Whilst the hospitals are in a position in the absence of staff to refuse admissions, no call for help where such is genuinely required can be ignored by the department, with the result that home nursing, home help, sitter-up and meals-on-wheels services are extended, at times beyond the limit. The home help service in particular is not giving the amount of help which is required in a number of cases of serious affliction, and I see no early prospect of increasing recruitment sufficiently to meet the real demand.

The Voluntary Services

The position would be even more serious were it not for the valiant supportive efforts of the Voluntary Services. Here again, recruitment is a difficulty and it is doubtful if existing members of organisations such as the W.V.S. can reasonably be asked to undertake more than they do in connection with such a vital service as meals-on-wheels.

I have formed the view, however, that a greater degree of co-ordination among the voluntary bodies could improve efficiency, and I have made representations to the local Old People's Welfare Committee to this end, so far without much success. There are, for instance, many voluntary bodies including the Churches who undertake visiting of the aged, but so far there does not appear to exist the co-ordinating machinery which can ensure that voluntary visiting covers the whole town, that there is no duplication and that there is an inward flow of information to the statutory voluntary workers, who cannot themselves undertake all the routine visiting of the aged which is necessary, but who must visit when there are certain identified needs.

The infirmity of old age and social inadequacy are not notifiable conditions. We cannot know about those who should have help unless we are informed. Circumstances of appalling domestic squalor and self-neglect still come to light in a very advanced condition. A recent example is illustrated by the photographs on pages 59 and 60. Here a woman, aged 78, was living alone in a terraced house so filled with rubbish which she collected from dustbins that she was unable to ascend the stairs or enter any of the rooms in the house. She had been camping, eating and sleeping in a small space at the foot of the stairs for some considerable time when found and admitted to one of our homes. The neighbours were apparently unaware of the situation.

I would welcome the creation of a local Council of Social Service to co-ordinate the activities of all the voluntary bodies, and I am bound to say from enquiries I have made, that co-ordination and activity appears to be very much more effective in Brighton and Hastings than it is here.

The Handicapped

The year has seen the bringing into full operation of Hazel Court Junior Training Centre and Hostel. The report of the Supervisor appears on page 48. This Centre, together with further recently opened homes for the aged, typifies the kind of provision which the Council is prepared to make, once established needs have been demonstrated. At the time of writing, I am hopeful that plans may now proceed for the provision of a Day Centre for the Physically Handicapped.

Acknowledgments

I am grateful to the respective Committees and the Council for continued support in the development of necessary services. I confidently believe that these services are in all respects at least up to the national average of such provision. If deficiencies exist, I would maintain that this is either due to failure on my part to make necessary recommendations or to an inability to recruit the necessary staff. In no instance has there been any unwillingness on the part of the Council to measure up to its responsibilities in health and welfare.

In the carrying out of the work, I am fortunate to have had the assistance of agreeable and helpful colleagues in the other departments and the loyal support of an enthusiastic departmental staff.

I am, Madam Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1964)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

ALDERMAN MRS. W. L. LEE

Deputy Chairman:

COUNCILLOR F. A. POPE

Aldermen:

C. E. DOBELL
M. SKILTON

Councillors:

T. E. BAVIN
G. A. BOSLEY
S. C. BRAZIER
W. J. EVENDEN

HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1964)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR MRS. F. M. LLEWELLYN

Deputy-Chairman:

ALDERMAN S. M. CAFFYN, C.B.E.

Alderman:

Mrs. W. L. LEE

Councillors:

T. E. BAVIN
J. C. BURNUP
W. P. LEBBON
C. G. SCOTT
Mrs. E. F. M. WHITE

Co-opted Members:

MR. J. A. FAIRCLOUGH—Eastbourne Executive Council
DR. J. EMSLIE—Eastbourne Local Medical Committee
MR. H. RIDDICK—Eastbourne Hospital Management Committee

WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1964)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

ALDERMAN G. A. RAINEY, J.P.

Deputy Chairman:

ALDERMAN C. E. DOBELL

Aldermen:

MRS. W. L. LEE
M. SKILTON

Councillors:

J. R. BATHE
L. J. CAINE
W. P. LEBBON
MRS. E. F. M. WHITE

COMMITTEES

The regular business of the respective Committees remained as set out in my Annual Report for 1953.

HEALTH AND WELFARE SERVICES DEPARTMENT STAFF

Medical Officer of Health:

KENNETH O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Senior Assistant Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B., D.P.H.

Medical Officers (Part-time):

U. M. DUGAN, M.B., B.S.
JANE FELCE, M.B., B.S.
MOIRA JEAN MARTENS, M.B., B.Ch., D.C.H.

Chief Dental Officer:

M. G. BERRY, L.D.S., R.C.S.

Assistant Dental Officer:

J. W. MARTIN, L.D.S.

Chief Public Health Inspector:

EDWARD EDLINGTON, Cert. R.S.I.

Deputy Chief Public Health Inspector:

F. T. RIPPIN, Cert. S.I.B.

Public Health Inspectors:

L. G. HOWARD, Cert. S.I.B.
A. MATTHEWS, Cert. S.I.B.
T. MATTHEWS, Cert. S.I.B.
G. N. RICHARDS, Cert. S.I.B.
V. J. CLINCH (to 3rd May, 1964)

Pupil Public Health Inspector:

G. R. EYSENCK (from 4th Feb., 1964)

Superintendent of Home Nursing Service and Non-Medical Supervisor of Midwives:

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V. Cert.

District Nursing Sisters:

Whole-time

MISS P. M. BAIN, S.R.N., S.C.M., Q.N. (from 28.8.64)
MISS A. E. BARKER, S.R.N., S.C.M., R.M.N.
MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.
MRS. D. A. CARMICHAEL, S.R.N.
MISS D. EZZARD, S.R.N., S.C.M., Q.N. (also Midwife)
MRS. E. EKREM, S.R.N. (from 1.10.64)
MRS. W. G. HARRIOTT, S.R.N.
*G. J. HUNT, S.R.N., Q.N.
MRS. D. HURD, S.R.N., Q.N. (to 30.4.64)
MRS. J. E. JERRATT, S.R.N., Q.N. (Senior)
MRS. G. M. MEEN, S.R.N.
MISS J. A. PETERS, S.R.N., Q.N.
MRS. F. A. PURCHASE, S.R.N.
MRS. J. E. RAINSLEY, S.R.N.
*A. ROTCHELL, S.R.N., Q.N.
MRS. N. SPENCE, S.R.N., S.C.M., Q.N.
MISS A. M. WILLIS, S.R.N., S.C.M., Q.N.

*District Nursing Officers

Part-time

MRS. E. J. JENNINGS, S.R.N., S.C.H., Q.N. (from 19.5.64)
MRS. A. S. POWELL, S.R.N.
MRS. S. M. SHANDLEY, S.R.N.
MISS J. M. STANDING, S.R.N. (to 19.5.64)

District Nurses:

Full-time

MRS. M. E. SPENCER, S.E.N.

Part-time

MRS. J. S. MILLICHAMP, S.E.N.
MRS. A. M. URIDGE, S.E.N.

Domiciliary Midwives:

MISS M. A. BENNETT, S.C.M.
MISS F. M. SCAMMELL, S.R.N., S.C.M.
MISS D. EZZARD, S.R.N., S.C.M., Q.N. (Midwife and District Nursing Sister)

Superintendent Health Visitor:

MRS. S. M. JAMES, S.R.N., H.V. Cert.

Health Visitors:

MISS B. D. BEALE, S.R.N., S.C.M., H.V. Cert.
MISS J. C. BERK, S.R.N., H.V. Cert.
MISS E. L. CLARK, S.R.N., H.V. Cert.
MRS. D. I. DALE, S.R.N., S.C.M., H.V. Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert.
MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V. Cert.
MISS M. G. HEMMING, S.R.N., H.V. Cert. (Senior)
MISS B. J. HUDSON, S.R.N., S.C.M., H.V. Cert.
MISS A. M. RANKS, S.R.N., S.C.M., H.V. Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V. Cert.

Clinic Assistant:

MRS. J. W. NETHERCOTT (Part-time from 22.4.64)

Home Help Organiser:

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V. Cert.

Deputy Home Help Organiser:

MRS. V. HARDY KING

Senior Mental Welfare Officer and Welfare Services Officer:

V. O. F. LITTLE

Mental Welfare Officer and Assistant Welfare Officer:

H. A. HURT

Mental Welfare Officers:

MISS N. A. FULLER

MRS. S. GREEN

Welfare Officer and Home Teacher of the Blind:

MISS E. E. INESON

Welfare Assistants:

MRS. J. A. BARROW

MRS. M. H. LADLEY (Blind Welfare)

Clerical Staff:

E. TARBUCK, Administrative Officer

W. L. PECK, Senior Clerk

MRS. P. BALL (Part-time)

MISS D. M. BEETLESTONE

MRS. E. COOPER (Part-time) from 20.4.64

MISS H. C. CORNWELL (from 20.8.64)

E. G. ELKINGTON

G. M. FITZHUGH

MISS M. S. HARDY

MRS. M. HODKINSON (from 8.6.64)

MISS J. H. MERRETT

MISS S. A. LANGLEY (to 21.8.64)

D. E. MOSELEY

F. R. REEVE (from 1.7.64)

A. F. SEWELL (to 14.6.64)

R. E. STONEHEWER

MISS G. E. WOODS

MRS. V. M. YOUNG

F. R. BIGGS, Civil Defence Staff Officer

Dental Attendants:

MRS. D. BARKER (Part-time) to 26.12.64

MISS K. J. FARRINGTON (from 13.1.64)

MISS K. A. LAMBERT

MRS. M. C. LONGHURST (part-time) to 22.1.64

Chiropodists:

T. INGHAM, M.Ch.S. (to 30.4.64)

A. N. OLIVER, M.Ch.S. (Part-time) to Feb., 1964

J. D. MOULT, L.Ch., S.R.Ch. (from 1.6.64)

Chest Physician:

A. H. FERGUSON GOW, M.R.C.S., L.R.C.P.

(Chest Physician, S.E. Metropolitan Regional Hospital Board)

Public Analyst:
T. E. RYMER, F.R.I.C.

Matrons, Superintendents and Wardens of Homes and Hostels, etc.

Princes Park Day Nursery	MISS M. J. KENNEDY
Junior Training Centre	MISS E. BURNS (from 4.5.64)
Hazel Court Hostel	MRS. W. F. SOULSBURY
Occupation/Training Centre	MRS. K. M. CASTLE (Acting to 8.5.64) G. E. TOWNSEND (from 25.5.64)
The Yews	MRS. W. F. SOULSBURY (to 31.3.64) MRS. I. BROWN (from 1.4.64)
Cavendish Lodge	J. E. HAYNES (to 31.7.64) J. B. SKELTON (from 1.8.64)
Trevin Towers	W. H. OLIVER
Stavely Court	J. E. LEWIS
St. Anthony's Court	C. ROBERTS
Willoughby Court	J. E. HAYNES (from 1.8.64)
The Knowle	MRS. A. OLSSON
The Wolds	MISS L. B. ELLIOTT

Staff of Health and Welfare Services Department

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officers of Health, Deputy and Assistants	3	3	6
Dental Officers	2	—	2
Clerical Staff, including School Health and Home Nursing Services	17	3	20
Dental Attendants	2	1	3
Public Health Inspectors	6	—	6
Health Visitors	12	—	12
Clinic Nurse	—	1	1
Home Help Organiser (Deputy)	1	—	1
Home Nurses (including Superintendent)	16	5	21
District Nurse/Midwife	1	—	1
Domiciliary Midwives	2	—	2
Blind Home Teacher and Welfare Officer	1	—	1
Welfare Assistants	2	—	2
Chiropodist	1	1	2
Welfare Officer and Mental Welfare Officers	4	—	4
Day Nursery	8	3	11
Occupation Centre	3	5	8
Junior Training Centre and Hostel	10	13	23
Old People's Homes	61	25	86
The Hostel, 25, St. Leonard's Road	3	—	3
The Knowle (Home for Temporarily Homeless)	—	2	2
Old Town and Seaside Baths	6	1	7
Domestic Helps	—	50	50
Rodent Operators	1	—	1
Others—i.e., Cleaners, Caretaker, Van Driver	2	6	8
Civil Defence Staff Officer	1	—	1
	<hr/> 165	<hr/> 119	<hr/> 284

The duties of the Senior Public Health Officers remained as set out in my Annual Report for 1953.

SECTION A

GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

VITAL STATISTICS

Estimated mid-year population: 63,530

Births			<i>Males</i>	<i>Females</i>	<i>Total</i>
Live births—Legitimate	..	..	302	336	638
Illegitimate	..	..	28	33	61
			<hr/> 330	<hr/> 369	<hr/> 699
Still births—Legitimate	..	..	7	4	11
Illegitimate	..	..	—	1	1
			<hr/> 7	<hr/> 5	<hr/> 12
Deaths					
All causes	..	..	486	648	1,134
			<hr/>	<hr/>	<hr/>

			<i>Eastbourne</i>	<i>England & Wales</i>
Live births:				
Number	..	..	699	873,990
Rate per 1,000 population	..	..	11	18.4
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1.28)	..	..	14.08	—
Illegitimate live births per cent. of total live births	..	..	8.73	7.2
Still births:				
Number	..	..	12	14,509
Rate per 1,000 live and still births	..	..	16.88	16.3
Total live and still births	..	..	711	888,499
Infant deaths (deaths under one year)	..	..	10	17,507
Infant mortality rates:				
Total infant deaths per 1,000 total live births	..	..	14.31	20
Legitimate infant deaths per 1,000 legitimate live births	..	..	15.67	—
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	—	—
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	..	..	10.02	13.8
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	8.58	—

	<i>Eastbourne</i>	<i>England & Wales</i>
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	25.32	—
Maternal mortality (including abortion):		
Number of deaths	Nil	226
Rate per 1,000 total live and still births ..	—	0.25
Death rate (crude) per 1,000 population ..	17.85	11.30
Death rate after applying "Area Comparability Factor" (0.56)	10	—
Deaths from tuberculosis	7	—
Tuberculosis death rate per 1,000 population ..	0.11	0.05

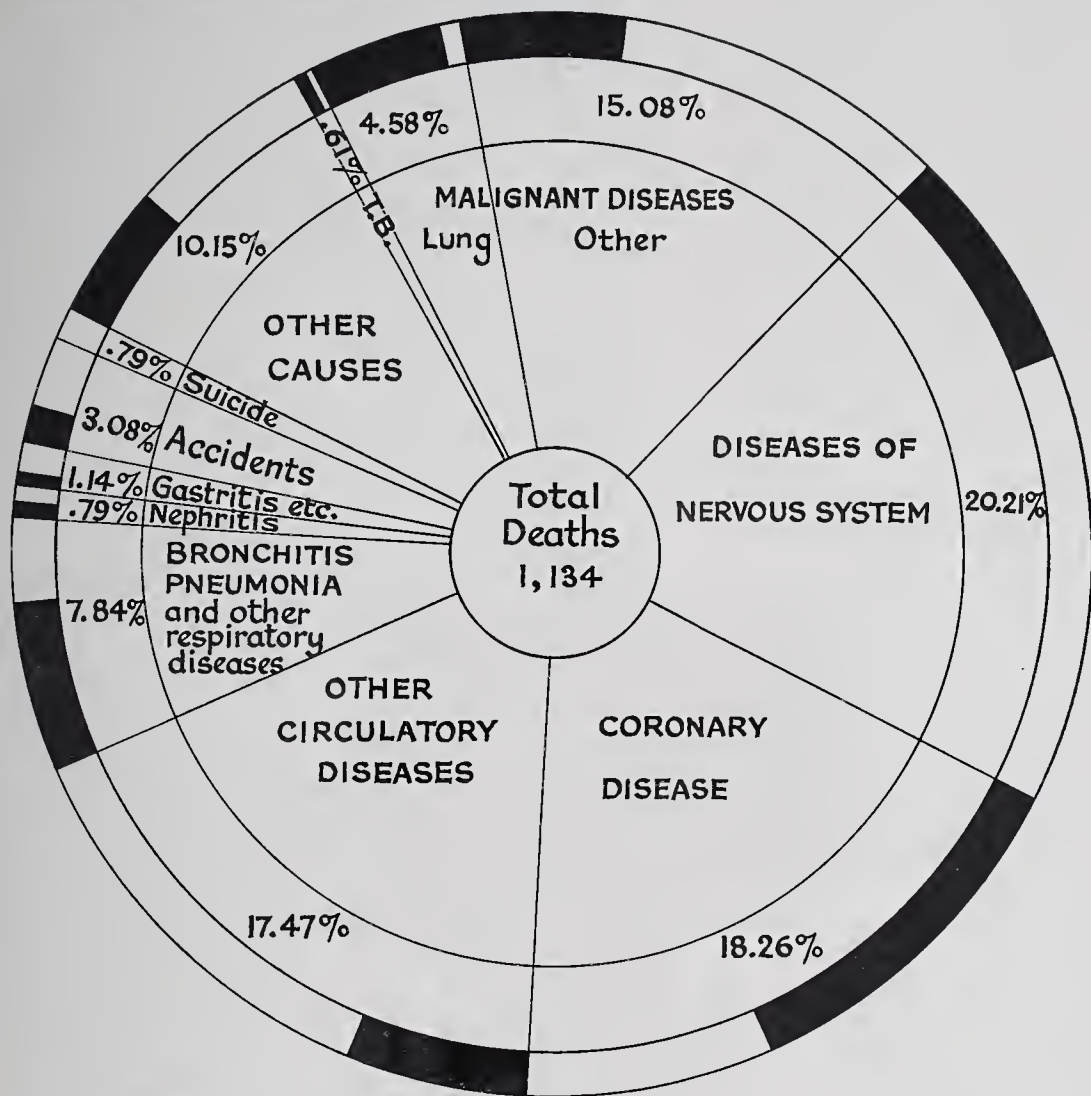
Causes of Death

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	5	2	7
Other infective and parasitic diseases ..	1	—	1
Malignant neoplasm, stomach	9	10	19
Malignant neoplasm, lung, bronchus ..	43	9	52
Malignant neoplasm, breast	—	22	22
Malignant neoplasm, uterus	—	8	8
Other malignant and lymphatic neoplasms ..	46	69	115
Leukaemia, aleukaemia	2	5	7
Diabetes	3	9	12
Vascular lesions of nervous system	75	154	229
Coronary disease, angina	122	85	207
Hypertension with heart disease	1	11	12
Other heart disease	42	107	149
Other circulatory disease	18	19	37
Pneumonia	16	15	31
Bronchitis	38	13	51
Other diseases of respiratory system ..	4	3	7
Ulcer of stomach and duodenum	4	6	10
Gastritis, enteritis and diarrhoea	—	3	3
Nephritis and nephrosis	3	6	9
Hyperplasia of prostate	7	—	7
Congenital malformations	2	3	5
Other defined and ill-defined diseases ..	32	57	89
Motor vehicle accidents	1	1	2
All other accidents	11	22	33
Suicide	—	9	9
Homicide and operations of war	1	—	1
	<hr/> 486	<hr/> 648	<hr/> 1,134

Extract from Death Returns for the year ended 31st Dec., 1964

<i>Age</i>	<i>Malignant neoplasm, lung, bronchus</i>		<i>Coronary disease, angina</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
33	—	—	—	1
40	—	1	—	—
41	—	—	1	—
46	—	—	1	—
47	—	—	1	—
50	1	—	2	—
54	3	—	1	—
55	—	—	1	—
56	—	—	2	—
57	1	—	2	1
58	1	—	1	1
59	1	—	2	1
60	—	—	3	3
61	1	—	6	1
62	2	—	3	1
63	2	1	7	2
64	4	—	4	—
65	4	—	4	2
66	4	—	2	2
67	1	—	6	1
68	2	—	8	2
69	—	2	9	4
70	3	1	2	5
71	3	—	4	5
72	4	—	—	1
73	1	—	2	3
74	—	—	2	—
75	—	1	11	6
76	1	1	7	4
77	—	1	7	7
78	—	1	7	2
79	1	—	2	4
80	1	—	4	4
81	1	—	—	5
82	—	—	—	2
83	—	—	2	4
84	1	—	—	2
85	—	—	1	1
86	—	—	1	2
87	—	—	2	1
88	—	—	—	2
89	—	—	—	1
90	—	—	1	—
91	—	—	1	1
98	—	—	—	1
	<hr/> 43 <hr/>	<hr/> 9 <hr/>	<hr/> 122 <hr/>	<hr/> 85 <hr/>

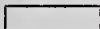
Analysis of Causes of Death by Percentage of All Causes



Males



Females



Age Mortality						Males	Females	Total
Under 1	..	..	..	..	..	5	5	10
1-5	..	..	..	..	..	—	2	2
5-15	..	..	..	..	..	1	1	2
15-25	..	..	..	..	..	3	1	4
25-45	..	..	..	..	..	9	11	20
45-65	..	..	..	..	..	107	83	190
65-75	..	..	..	..	..	156	139	295
75 and over	..	..	..	..	..	205	406	611
						486	648	1,134

Deaths from Cancer

	Year	Population	Age Groups						Total Deaths	Death Rate per 1,000 Population
			0-1	1-5	5-15	15-45	45-65	65 and over		
Ten Years	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	1	1	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	1953	57,190	—	—	—	8	55	85	148	2.61
	1954	57,600	—	—	—	4	33	96	133	2.30
	1955	57,830	—	1	—	3	51	113	168	2.91
	1956	57,850	—	—	—	5	46	103	154	2.66
	1957	57,800	—	—	—	3	58	124	185	3.20
	1958	57,680	—	—	—	9	40	121	170	2.95
	1959	57,800	—	—	1	5	84	91	181	3.13
	Total	—	1	2	2	54	513	1,004	1,574	—
	1960	57,940	—	—	—	4	53	120	177	3.05
	1961	59,830	—	—	1	10	59	135	205	3.43
	1962	61,250	—	—	—	7	74	125	206	3.36
	1963	62,010	—	1	1	5	58	134	199	3.21
	1964	63,530	—	—	1	6	70	146	223	3.51

Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1964

Years	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
1954	—	—	1	—	—	—	4	—	—	—	1	2	1	1	7	3	10
1955	—	—	—	2	—	—	—	3	—	—	—	1	—	1	—	7	7
1956	—	—	—	—	—	—	1	2	—	1	—	3	1	—	2	6	8
1957	—	—	—	2	1	—	2	2	1	2	1	3	1	—	6	9	15
1958	—	—	—	—	—	—	—	—	1	2	1	—	—	—	2	2	4
1959	—	—	—	2	—	—	1	2	—	—	—	4	1	—	2	8	10
1960	—	—	—	1	1	—	3	4	1	2	—	—	—	—	5	7	12
1961	1	—	2	2	—	—	4	1	—	—	—	1	1	1	8	5	13
1962	—	—	—	1	—	—	1	6	—	—	—	1	—	2	1	10	11
1963	1	1	—	—	—	—	—	1	1	2	—	1	1	—	3	5	8
1964	—	—	—	—	—	1	—	2	—	4	—	2	—	—	—	9	9
Totals	2	1	3	10	2	1	16	23	4	13	3	18	6	5	36	71	107

Included in the above table are the suicides committed outside the Borough by Eastbourne residents.

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1945 to 1964 (from Registrar General's Returns) and Rate per 1,000 population (corrected)

Number				Rate					
1945	667	16.9	1955	..	..	553	10.9
1946	964	19.4	1956	..	..	563	11.1
1947	983	18.3	1957	..	..	602	11.9
1948	801	14.2	1958	..	..	603	11.9
1949	740	13.0	1959	..	..	579	11.4
1950	701	13.5	1960	..	..	634	12.5
1951	614	11.5	1961	..	..	663	12.6
1952	635	11.9	1962	..	..	694	12.9
1953	617	11.7	1963	..	..	760	15.6
1954	612	12.1	1964	..	..	699	14.1

Illegitimate Live Birth Rate, 1953-1964*

1953	..	..	6.2	1959	..	..	6.4
1954	..	..	7.5	1960	..	..	9.0
1955	..	..	6.0	1961	..	..	8.6
1956	..	..	5.0	1962	..	..	9.5
1957	..	..	5.1	1963	..	..	7.7
1958	..	..	6.6	1964	..	..	8.7

*Percentage of total live births

Notification of Births

1,290 live births and 22 still births took place in the Borough and were notified to the Local Authority. 698 live births and 9 still births were to mothers resident in Eastbourne, and 592 live births and 13 still births were to mothers resident outside the Borough. In addition there were 11 transfers to live births and 1 still birth relating to Eastbourne mothers confined elsewhere. (NOTE: *The total of Registered Births is not necessarily identical with the total of Notified Births.*)

Analysis of Notified Births

	Resident		Non-Resident		Total		Total
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
DOMICILIARY							
Local Authority							
Midwives ..	68	—	1	—	69	—	69
Inward Transfers	—	—	—	—	—	—	—
	68	—	1	—	69	—	69
INSTITUTIONAL							
Maternity Home	423	1	142	—	565	1	566
St. Mary's Hospital	207	8	449	13	656	21	677
Inward Transfers	11	1	—	—	11	1	12
Total Institutional ..	641	10	591	13	1,232	23	1,255
Total, All Births, 1964	709	10	592	13	1,301	23	1,324
Notified Births, 1963	745	5	570	14	1,315	19	1,334

GENERAL INFORMATION

Situation and Climate

Latitude 50° 46' N. : Longitude 0° 17' E.

Eastbourne occupies a favoured situation on and at the foot of the eastern slope of the South Downs, facing the English Channel, with protection from prevailing westerly winds. Sunshine records are consistently among the highest recorded on the mainland. This is partly due to the peninsular position of the Borough.

Elevation

The highest point is about 640 ft. above sea level on the Downs, sloping from the west to a minimum of 6·58 ft. above highest mean sea level in the east of the Borough.

Area

The acreage of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres). This area includes downland which is preserved from building development. There remains, however, considerable land available for future development.

Density of Population

Approximately 6 persons per acre. The parts built over vary with locality from 10 to 50 with an average of about 20 persons per acre.

NUMBER OF SEPARATE ASSESSMENTS: 26,850

RATEABLE VALUE year ended 31st March, 1965: £3,445,711

GENERAL RATE: 9s. 8d.

PRODUCT OF 1D. RATE: £13,655

METEOROLOGY—72 years' averages:

Temperature: Max., 55·8° F.; Min., 45·4° F.; Mean, 50·6° F.;
Sea, 52° F.

Sunshine: Total, 1,812·2 hours; Daily, 4·96 hours.

Rainfall: Total, 31·57 inches; Days, 163.

Visitors to Eastbourne

All the many services of the department, including Home Nursing, were made as freely available to visitors as staffing would permit without detriment to local residents.

Numerous enquiries from all over the British Isles regarding climate, nursing homes and the suitability of Eastbourne for retirement in relation to specific disabilities were answered.

SECTION B

NATIONAL HEALTH SERVICE ACT

Ante-natal Care

These services continued as described in my Report for 1962. See also under Health Education, paragraph E, page 38.

Details of sessions and attendances are as follows:

	<i>Average number sessions per month</i>	<i>Number of women who attended</i>	<i>Number of new cases</i>	<i>Attendances</i>
Health Education (Health Visitors) Relaxation Sessions (Midwives)	6	261	33	1,124

Infantile and Child Mortality

The deaths of ten infants under one year of age were recorded.

Six of these occurred during the first week of life mainly from causes associated with congenital malformation and prematurity.

<i>Age</i>	<i>Sex</i>	<i>Cause of death</i>
3 hours	F	1 (a) Severe congenital malformations incompatible with life.
9 hours	F	1 (a) Failure of lungs to expand. (b) Prematurity.
11 hours	M	2 Atrial septal defect. 1 (a) Respiratory failure. (b) Probable atelectasis.
14 hours	F	2 Prematurity. 1 (a) Atelectasis. (b) Prematurity.
14 hours	M	1 (a) Anoxia. (b) Respiratory failure.
4 days	M	2 Multiple congenital malformations. 1 (a) Congenital heart disease.
1 month	F	1 (a) Fulminating respiratory infection.
3 months	M	1 (a) Broncho pneumonia. (b) Fibrocystic disease.
11 months	M	1 (a) Renal failure. (b) Pyelonephritis. (c) Hydronephrosis.
11 months	F	1 (a) Liver failure. (b) Congenital abnormality.

Maternal and Infantile Mortality, 1954-1964

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average ..	108.5	118.2	3.6	4.6
1904-1913 Average ..	79.3	96.6	2.6	2.9
1914-1923 Average ..	52.3	68.8	1.5	1.9
1924-1933 Average ..	30.0	45.7	1.5	2.2
1934-1943 Average ..	23.6	42.4	2.1	3.7
1944-1953 Average ..	17.4	23.4	1	1.3
1954-1963 Average ..	12.3	19.64	0.3	0.47
1964	10	14.31	—	—

Prematurity (*i.e.* babies weighing 5½ lb. or less at birth irrespective of period of gestation)

Equipment is provided by the department for the care of premature infants born at home and very satisfactory provision is available in the hospitals.

(a) NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

<i>Place of birth</i>	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
Own home	3	—	3
Maternity Home ..	16	3	19
Hospital (St. Mary's) ..	24	37	61
Hospital (elsewhere) ..	2	—	2
	<u>45</u>	<u>40</u>	<u>85</u>

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(i) Died in first 24 hours:			
St. Mary's Hospital ..	3	3	6
Maternity Home ..	—	—	—
Own home	1	—	1
	<u>4</u>	<u>3</u>	<u>7</u>

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(ii) Died within 1-28 days:			
St. Mary's Hospital ..	1	1	2
Maternity Home ..	—	—	—
Own home	—	—	—
	<u>1</u>	<u>1</u>	<u>2</u>

Congenital Malformations

Following the Ministry of Health Circular 13/63, arrangements were made for all congenital malformations noticed at the time of birth to be reported when notifying the birth under Section 203, Public Health Acts.

From January, 1964, notification of the congenital malformations has been made to the Registrar General. The number of Eastbourne babies so affected was 16, representing 2.25 per cent. of total births. Twenty malformations were found in these babies, classified as follows:

Central nervous system	..	..	..	2
Eye and ear	..	..	..	—
Alimentary system	..	..	..	2
Heart and great vessels	..	..	..	—
Respiratory system	..	..	..	—
Uro-genital system	..	..	..	1
Limbs	..	..	..	7
Other skeletal	..	..	..	1
Other systems	..	..	..	6
Other malformations	..	..	..	1

One baby stillborn and four others have already died within the first year of life.

Unmarried Mothers

Under the Authority's scheme for the welfare of unmarried mothers and their children, full use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Moral Welfare Association.

During the year, 66 cases were dealt with in Eastbourne; of these, 43 were maternity, 11 applications to adopt and 12 needing help and advice.

The ages of the unmarried mothers ranged from 16 to 36, the largest number (24) being 19 and under. Of the 43, 3 have married the putative father, 17 offered their babies for adoption, 13 girls kept their babies and 7 babies are still with foster parents; 2 are as yet unborn.

A small proportion of the new clients were those who had come to Eastbourne from other areas.

One of the most difficult and important parts of the work is to contact putative fathers. During the year, 24 have been written to or interviewed and at least 7 have accepted responsibility and have made payments of varying amounts.

Help and advice was given in many ways, particularly to girls trying to keep their babies under very difficult conditions—grants from Dr. Barnardo's, the Church of England Children's Society and the Buttle Trust have been obtained and administered.

Child Welfare Clinics

These were held at the following times:

Avenue House—Monday, morning and afternoon, and Friday, afternoon.

Acacia Villa, Seaside—Tuesday, morning and afternoon.

120-122, Green Street—Wednesday, afternoon.

Langney Village Community Centre—Thursday, afternoon.

Hampden Park Hall—Friday, afternoon; and 2nd and 4th Wednesdays, afternoons, each month.

Willingdon Village Hall—Staff shared with East Sussex County Health Department—3rd Wednesday each month.

CLINIC ATTENDANCES, 1964

<i>Clinic</i>	<i>Number of Children attending Clinics Born in</i>				<i>Total Attendances</i>
	<i>1964</i>	<i>1963</i>	<i>1959-62</i>	<i>Total</i>	
Avenue House ..	253	280	295	828	7,376
Green Street ..	126	120	198	444	2,974
Acacia Villa ..	122	132	279	533	4,484
Langney ..	64	79	156	299	1,909
Hampden Park ..	121	150	296	567	3,140
TOTAL (Eastbourne)	686	761	1,224	2,671	19,883
Willingdon ..	6	9	9	24	108
TOTAL	692	770	1,233	2,695	19,991

PREVIOUS YEARS' ATTENDANCES

			<i>Number of children who attended</i>	<i>Number of attendances</i>
1960 .. ..	..	..	1,790	13,740
1961 .. ..	..	..	1,927	14,519
1962 .. ..	..	..	2,139	15,766
1963 .. ..	..	..	2,343	16,440

Welfare and Other Nutrients

Arrangements for distribution have continued to run smoothly, the main centre for distribution being the Local Authority's central welfare clinic at Avenue House, which was available to the public daily. The four outlying welfare centres were used as subsidiary distribution centres during the normal clinic sessions there.

Under the Authority's arrangements for the care of mothers and young children, a considerable variety of dried milk foods, cereals and other nutrients is now available for resale. These are issued on the recommendation of the Medical Officer or Health Visitor in attendance at the Child Welfare sessions.

REPORT OF THE CHIEF DENTAL OFFICER

Sixty sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five. 43 expectant mothers and nursing mothers were seen at the Avenue House Clinic and made 150 attendances; of these, 38 were found to require treatment and were all treated. 32 fillings were inserted and 17 teeth were extracted. In addition, two full dentures and two partial dentures were constructed, the laboratory work being carried out by a local technician in his own laboratory. Two patients were referred for radiological examination, these being carried out at the clinic with the department's own X-ray apparatus.

210 children under school age were inspected and 99 were found to require treatment. 91 were actually treated and made 312 attendances. 11 fillings were inserted into temporary teeth and 112 temporary teeth were extracted. Conservative treatment with silver nitrate was also carried out on 16 temporary teeth and 7 pre-school children were referred for X-rays.

The fact that 47 per cent. of these young children were found to require treatment, when compared with the 34 per cent. referred in the School Dental Service, does suggest a more gloomy, but I feel not a completely accurate, picture of the dental condition of these particular young age groups. Routine dental inspections at school are taken as part of normal school life, but accessibility to the pre-school child is restricted and their parents tend to assume that absence of dental pain must necessarily mean that all is well.

On only too many occasions, our first contact is made with the very young child when complaining of pain. This often means the use of a general anaesthetic and the extraction of the offending tooth, a procedure giving the very worst introduction to dentistry. We must, therefore, continue to make every effort to encourage parents to regard the dental inspection of the pre-school child as of equal importance to those inspections of later school life, and which are then taken so much as a matter of course and school routine.

M. G. BERRY, L.D.S., R.C.S.,
Chief Dental Officer.

Summary of Treatment

(a) NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and nursing mothers . .	43	38	38	12
Children under five . .	210	99	91	60

(b) FORMS OF DENTAL TREATMENT PROVIDED

	Scaling and gum treatment	Fillings	Silver Nitrate	Crowns and Inlays	Extrac- tions	General Anaes- thetics	Dentures		X-rays
							Full	Part	
Expectant and Nursing Mothers	35	32	—	—	17	9	2	2	2
Children under five	4	11	16	—	112	71	—	—	7

Sessions: 60

Attendances: Expectant and nursing mothers .. 150
Children under five .. 312

PRINCES PARK DAY NURSERY

(60 PLACES)

The establishment, excluding domestic staff, consists of matron, deputy matron, three trained nursery nurses, and five nursery assistants.

The total attendances were 15,841, an average attendance of 51.26 for the 309 days on which the nursery was open, and the highest since the nursery opened in 1948. There is a substantial waiting list for accommodation in the nursery, priority being accorded to cases of social need, but the increased attendances over the past seven years reflect the growing demand for female labour not only during the holiday season but throughout the year.

Notwithstanding approved increases in the standard charge, this remains a heavily subsidised service.

Attendances each Month during 1964

	Childred aged			Total attend- ances	Average daily attend.	No. of days open	Receipts		
	0-1½	1½-3	3-5				£	s.	d.
January ..	187	433	645	1,265	46.85	27	238	14	10
February ..	138	481	584	1,203	48.12	25	306	17	2
March ..	140	497	534	1,171	48.79	24	242	3	6
April ..	132	515	542	1,189	45.73	26	275	18	2
May ..	170	462	621	1,253	50.12	25	405	10	0
June ..	183	587	694	1,464	56.31	26	328	15	9
July ..	212	550	701	1,463	54.18	27	332	8	6
August ..	184	513	633	1,330	51.15	26	445	11	0
September	182	583	682	1,447	55.65	26	339	1	9
October ..	135	568	693	1,396	51.70	27	455	17	3
November	114	547	655	1,316	52.64	25	344	15	9
December	140	526	678	1,344	53.76	25	339	5	9
TOTAL	1,917	6,262	7,662	15,841	51.26	309	4,054	19	5

THE MIDWIFERY SERVICE

The establishment of domiciliary midwives remained at three, one being employed half-time on home nursing duties. Miss N. E. Russell, Superintendent of the Home Nursing Service and Non-Medical Supervisor of Midwives, reports as follows:

Domiciliary confinements during 1964 increased by 14 compared with 1963. The percentage of domiciliary total confinements being 9.9 per cent., as against 7.4 per cent. in 1963.

There is also a general increase shown in the visits to ante-natal mothers and to mothers discharged early from hospital.

One of the reasons for the very substantial increase in ante-natal visits was due to those paid by the midwives in assessing home conditions on the suitability for home confinement. This was necessary to lessen the pressure on hospital beds. In spite of some disappointment of mothers who were refused beds, the system is working reasonably smoothly, and good liaison between the staff of the Maternity Home and St. Mary's Hospital and Mr. Harford-Rees, as well as the general practitioners, enables an accurate assessment of need to be made.

An additional Relaxation Session has been introduced at a Chichester Diocesan Moral Welfare Association Hostel in town, and the girls are finding this most helpful. A useful liaison has been established with the staff of the Hostel to the benefit of the girls and the two branches of the service.

The midwives attended two Domiciliary Midwives' Council Conferences in London at the Royal College of Midwives. These are helpful, and useful discussions take place.

They have also given talks on midwifery to Civil Defence Classes, St. John Ambulance Association and Young Wives' Groups, as well as at the "In-Service" Training Course for Home Helps.

As in previous years, the midwives have worked with the health visitors at the Mothercraft Classes, sharing the educational programme when and where appropriate.

This year for the first time the midwives have been allocated accommodation in the extended Annexe under the same roof as the Home Nursing and other services, which will undoubtedly promote easier co-operation and organisation.

Proportion of domiciliary confinements during the last five years:

		<i>Total births</i>	<i>Domiciliary confinements</i>	<i>Percentage of domiciliary confinements</i>
1960	..	644	64*	9.9
1961	..	686	71†	10.1
1962	..	698	59	8.5
1963	..	760	56	7.4
1964	..	699	69‡	9.9

*Includes one inward transfer

†Includes two inward transfers

‡Includes one non-resident

It is to be noted that the number of institutional confinements is in excess of 90 per cent. of the total births.

Details of the work of the domiciliary midwives during the year are as follows:

CONFINEMENTS

(a) Doctor booked	..	..	..	..	69
(b) Doctor not booked	..	..	..	..	—
(c) Miscarriages	..	..	..	..	1

VISITS BY MIDWIVES

Ante-natal visits	..	..	..	..	1,438
Visits during labour	..	..	..	..	143
Visits during puerperium	..	..	..	..	1,395
Post-natal visits (domiciliary cases)	..	..	..	..	89
Visits to 153 cases discharged from hospital before the tenth day	..	..	..	..	439
					<hr/> 3,504 <hr/>

HEALTH VISITORS

Establishment

Superintendent Health Visitor
Eleven Health Visitor/School Nurses
One Student Health Visitor

Allocation

National Health Service Act	..	..	..	9½
School Health Service	..	..	..	2½

Additional appointments of one health visitor and one student health visitor were made during the year. This establishment is below the ratio of one health visitor to 4,300 population suggested in the report of the Working Party on Health Visiting in 1956, but is regarded as adequate to meet the immediate requirements of the Borough where the child population is relatively low and the number of older persons proportionately high. Impending developments in the whole field of domiciliary services will almost certainly require an increase in the number of health visitors and auxiliary staff employed.

Work Undertaken

Routine and selective visiting was continued as in previous years. Excluding aged persons, the case load showed a small increase on the figures for 1963, but there was a substantial increase in the number of home visits in most categories and particularly in that of aged persons due to the developments described below.

In April a Geriatric Unit was formed with two health visitors and a social welfare officer undertaking domiciliary geriatric visiting, including the assessment of priority of need for accommodation in Homes for Aged Persons. There is an effective liaison with the geriatrician at St. Mary's Hospital on priorities for admission to hospital, and with the local Housing Department regarding the allocation of accommodation.

Health Education Sessions for Retired Citizens continued at Avenue House. In April a group who had taken part in the sessions, finding they enjoyed each others' company, decided to form a club to continue their association. They called it The Avenue House Central Club and arranged to hold meetings once a week at the Central Methodist Church Hall. The membership had grown from 20 to over 100 by the end of the year. The two geriatric health visitors are in constant touch with the club to give advice and help on health and social problems. The motto of the club is "Add life to extra years".

The health visitor's work is summarised by the following figures:

HOME VISITS

Care of mothers and young children—

Children born in 1964	..	..	..	3,072
Children born in 1963	..	..	..	2,143
Children born in 1959-62	..	..	..	3,908
Expectant mothers	..	..	..	726
Infectious illness	..	..	..	22
Tuberculosis	..	..	..	40
Care and after-care (including aged and handicapped persons)	..	..	..	3,517

OTHER VISITS

To other agencies (voluntary organisations, etc.)	..	285
To day nurseries	..	21
To hospitals	..	212
Miscellaneous	..	962

CLINIC ATTENDANCES

Child welfare	..	824
Immunisation and vaccination	..	105
Health education	..	216
Aged persons	..	78

HOME NURSING

Establishment

Superintendent

Deputy Superintendent

Twenty equivalent whole-time District Nursing Sisters, District Nursing Officers (Male), District Nurses (S.E.N.)

The Superintendent reports:

In October an additional full-time nurse was appointed, but the help this should have given us was counteracted by several long spells of sickness absence, averaging $10\frac{3}{4}$ days per nurse.

May I take this opportunity of thanking the temporary, part-time and full-time staff, who helped and made it possible to give adequate nursing care to the patients.

Training

Mrs. Jerratt, the Senior Nurse, attended one day of the Post-graduate Week arranged by the East Sussex County Nursing Association and it was regretted that owing to distance and pressure of work more of the nurses could not attend.

Post-graduate courses were attended in London and at the William Rathbone Staff College, Liverpool, and reports were given to the nursing staff on their return; as in the past, they were found to be most helpful and informative.

Superintendent's Report

We commenced using disposable syringes and needles and this has been a great help in hotels and bed-sitting rooms. It is hoped to extend the use of these to give additional safeguard to the patient. Incontinent pads are in frequent use and, with the implementation of the Ministry's Memorandum, more use is likely to be made of these.

One unexpected feature of the service was that fewer patients were treated primarily for rehabilitation. This is probably due to the appointment of a part-time occupational therapist undertaking domiciliary work in consultation with the medical staff of the department.

We had the privilege of taking some of the All Saints' Hospital ward sisters out on the district and this was much appreciated on both sides, helping us to get to know our opposite numbers in hospital. A study day for ward and district nursing sisters, arranged by the Matron of the Eastbourne Hospital Group, was much appreciated and should help to increase co-operation. Student nurses and pupil nurses also spent a day and a half-day respectively on the district. This year was the first time that evening visits with the students were made, and

this has helped them to appreciate what can be done within the community. The Superintendent of Nurses gave talks to the students in the hospital during their "Block" periods.

We also welcomed to the department visits from overseas students and Ministry of Health officers.

Several nurses gave lectures and talks to Civil Defence, Townswomen's Guilds and other interested clubs. This does help to give greater understanding of the service to the general public. Regular attendance at the Educational Sub-Committees of the Eastbourne Hospital Group and Social Workers Co-ordinating Committee by the Superintendent have been very useful.

During the year the additional much-needed accommodation for administrative staff has been completed.

Once again I would like to thank the St. John Ambulance Service for their help and co-operation during the year.

Particulars of patients nursed are as follows:

		<i>Total patients</i>	<i>Visits</i>
Medical	.. ..	1,453	42,154
Surgical	.. ..	332	8,544
Infectious diseases	.. ..	—	—
Tuberculosis	.. ..	7	89
Maternal complications	.. ..	12	55
Others—chronic	.. ..	118	1,791
		<hr/> 1,922	<hr/> 52,633

Patients were removed from the records on cessation of nursing attendances as follows:

Convalescent	.. ..	.. ..	507
To hospital	.. ..	.. ..	327
Deaths	.. ..	.. ..	127
Other causes	.. ..	.. ..	500
			<hr/> 1,461

VACCINATION AND IMMUNISATION

A—Vaccination against Smallpox

During the year 484 persons were vaccinated for the first time and 16 were re-vaccinated.

Details are as follows:

VACCINATION DURING 1964

		<i>Primary Vaccination</i>		<i>Re-vaccination</i>	
		<i>By Staff of Health Department</i>	<i>By General Practitioners</i>	<i>By Staff of Health Department</i>	<i>By General Practitioners</i>
Under 1 year	..	5	40	—	—
1 to 2 years	..	256	97	—	—
2 to 5 years	..	22	11	2	2
5 to 15 years	..	2	4	3	1
15 years and over	..	1	46	2	6
		286	198	7	9
		484		16	
		500			

B—Diphtheria Immunisation

The age groups and numbers immunised were:

<i>Year of birth</i>	<i>By medical staff of the department</i>	<i>By general medical practitioners</i>	<i>Total</i>
1964	176	125	301
1960–1963	212	119	331
1950–1959	15	4	19
	403	248	651

REINFORCING DOSES

The age groups and numbers were:

<i>Year of birth</i>	<i>By medical staff of the department</i>	<i>By general medical practitioners</i>	<i>Total</i>
1960–1963	260	96	356
1950–1959	319	73	392
	579	169	748

There have been no notified cases of diphtheria in Eastbourne during the past fourteen years and no deaths since 1946.

C—Whooping Cough Immunisation

IMMUNISATION DURING 1964

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1964	176	—	125	—	301	—
1960–1963	211	255	119	95	330	350
1950–1959	9	264	3	37	12	301
Totals	396	519	247	132	643	651

Cases of whooping cough notified during the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>			
1960	73
1961	31
1962	—
1963	10
1964	20

D—Tetanus Immunisation

IMMUNISATION DURING 1964

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1964	176	—	125	—	301	—
1960–1963	211	260	119	97	330	357
1950–1959	94	326	6	69	100	395
Totals	481	586	250	166	731	752

E—Vaccination against Poliomyelitis

The following tables indicate the vaccinations completed in 1964 and the number of persons vaccinated during the last five years.

VACCINATION DURING 1964

<i>Year of Birth</i>	<i>By Health Department Completed Courses</i>	<i>By General Practitioners Completed Courses</i>
1932-40 years ..	13	5
1933-1942 ..	3	11
1943-1960 ..	118	21
1961 ..	13	8
1962 ..	51	20
1963 ..	310	165
1964 ..	88	58
Totals ..	596	288

In addition, 429 booster doses were given to children at sessions held in the Local Authority schools, and 62 booster doses were given to children by medical practitioners.

PERSONS VACCINATED DURING THE LAST FIVE YEARS

<i>Year of Birth</i>	<i>Completed Courses</i>					<i>Total</i>
	1960	1961	1962	1963	1964	
*1942-40 years ..	1,621	870	1,012	101	32	3,636
1943-1960 ..	1,339	742	1,263	282	139	3,765
1961 ..	-	-	481	92	21	594
1962 ..	-	-	107	438	71	616
1963 ..	-	-	-	139	475	614
1964 ..	-	-	-	-	146	146
Totals ..	2,960	1,612	2,863	1,052	884	9,371

*Includes priority classes

THE EASTBOURNE AMBULANCE SERVICE

The Eastbourne Division of the St. John Ambulance Brigade continues to operate the Ambulance Service on behalf of the Eastbourne Local Health Authority and of the East Sussex County Council in respect of the adjacent County parishes.

The administration of the service is carried out by the County Borough Council subject to reimbursement of a proportion of costs by the County Council. It is therefore appropriate, in illustrating the growth of demands on the service, to show in the following tables the total persons carried and mileage run on behalf of the Eastbourne Corporation and the County Council.

There was a further significant increase in the number of patients conveyed to local hospital out-patient clinics, and the opening of the new Junior Training Centre in May resulted in further demands for transportation on the Ambulance Service. There were increases of nearly 2,000 persons carried and 8,000 miles run, compared with 1963.

PERSONS CARRIED AND MILEAGES, 1960-1964

Year	EASTBOURNE						EAST SUSSEX						Totals	
	Ambulance		Sitting cases		Training Centre (DPV)		Ambulance		Sitting cases		Training Centre (DPV)			
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
1960	6,031	31,646	14,695	51,557	6,625	9,516	721	7,629	3,242	22,175	2,143	3,793	33,457	126,316
1961	7,339	32,537	15,831	53,272	8,567	9,625	809	8,010	3,357	20,933	2,662	4,616	38,565	128,993
1962	6,947	36,086	16,498	56,247	9,135	10,015	832	8,511	4,532	24,408	3,095	4,637	41,039	139,904
1963	8,413	39,644	15,377	51,874	9,980	10,778	884	9,150	3,931	23,311	2,777	4,556	41,362	139,313
1964	7,375	37,412	17,230	57,979	11,048	13,549	984	9,159	4,656	24,792	1,886	4,817	43,179	147,708

The service is called upon to convey a large number of patients to and from the local railway station.

In the year under review 394 patients were transferred by rail.

ORIGIN OF CALLS (EASTBOURNE AREA ONLY)

<i>Origin of Calls</i>		<i>Ambulances</i>					<i>Sitting Case Cars</i>				
		1960	1961	1962	1963	1964	1960	1961	1962	1963	1964
Emergency calls and street accidents	..	764	787	1,064	1,268	1,176	59	66	46	43	39
Local Hospitals	..	2,523	2,784	2,700	2,569	2,707	1,451	1,464	1,436	1,200	1,230
Local Convalescent Homes	..	2	—	—	2	—	10	—	—	—	—
General Medical Practitioners	..	808	861	957	1,138	1,182	604	625	573	500	456
Maternity Homes	..	28	52	47	43	40	14	5	11	12	4
Nursing Homes	..	33	42	44	61	74	7	2	6	14	13
Ministry of Pensions	..	14	23	28	30	27	199	138	190	223	263
Other Ambulance Authorities	..	81	67	51	77	88	176	158	180	133	183
Mental Welfare Officers	..	21	13	21	19	15	79	22	34	26	20
Others	..	378	395	164	212	192	198	298	104	126	106
Out Patients:											
Chest Clinic	..	72	123	97	155	155	407	480	535	404	339
Foot Clinic	..	8	4	15	2	—	255	366	322	465	545
Local Hospitals	..	1,224	2,085	1,683	2,567	1,631	9,682	10,583	11,423	10,359	11,997
Royal Sussex County Hospital, Brighton	..	75	103	76	270	88	1,554	1,669	1,638	1,872	2,035
Total Calls	..	6,031	7,339	6,947	8,413	7,375	14,695	15,831	16,498	15,377	17,230
Mileage	..	31,646	32,537	36,086	39,644	37,412	51,557	53,272	56,247	51,874	57,979

PREVENTION OF ILLNESS, CARE AND AFTER CARE AND TUBERCULOSIS

A—Illness Generally

All the services of the department including particularly Home Nursing, Domestic Help, Day Nursery and the assistance and advice of the Health Visitors and Mental Health Workers are freely available in all cases of illness.

B—Provision of Convalescence

The Authority's arrangements provide that all necessary care and after care is available to persons recovering from illness and to other invalids, including provision for convalescence in cases not otherwise provided for. This includes special convalescence and retraining facilities to prevent the break-up of families.

C—Loan of Equipment

During 1964 this service has continued to be used to the full, and the number of articles borrowed in 1964 was 768, an increase of 6 per cent. There was an increase of 17 per cent. over 1963 in the number of patients using the service.

	1964	1963
Articles loaned	768	723
Number of patients	610	522
Articles loaned free of charge ..	125	106

Wheel chairs are always in great demand and, owing to the changing pattern of nursing care, commodes and Zimmer walking aids, bath seats and tripod walking sticks are constantly in use; whereas in the past the patient was kept rigidly in bed, today the trend is to get them up and about as soon as possible. Pulley portable lifts and an additional hoist, making a total of three, are used whenever there is need to the benefit of the nursing staff, patient and relatives.

An unexpected increase in the use of single sheets and draw sheets, in spite of the use of incontinent pads for the very ill and helpless patient, may be due to the fact that long-term and terminal cases of illness are increasingly being nursed in the homes, and this naturally taxes the resources of the individual households.

Thanks are expressed to the Red Cross for their co-operation and help when in need of additional articles of equipment.

D—Voluntary Organisations

This report would be incomplete without a reference to the high level of voluntary service in Eastbourne which supports and enhances the work of the Local Authority in many fields. Full advantage was taken of the facilities offered by the Women's Voluntary Service, the Order of St. John, the British Red Cross, the Guardianship Society, the National Society for the Prevention of Cruelty to Children, the Eastbourne Association for the Disabled and other local and national organisations.

E—Health Education

REGULAR FEATURES AT AVENUE HOUSE HEALTH CENTRE

- (i) *Ante-natal Mothercraft*—This meeting is held every Thursday afternoon and consists of a series of eight talks, together with film and demonstrations, given by the health visitors in conjunction with Relaxation Classes conducted by the midwives. The mothercraft sessions continue to be well attended and enjoyed by those taking part. So many mothers have expressed their appreciation of the help which they have derived from the relaxation and breathing exercises during their confinements and, afterwards, the skills they learned in their ante-natal sessions have given them the knowledge and confidence they needed in the handling of their new babies.
- (ii) *Parentcraft Evenings*—This consists of a monthly series of three talks illustrated by films. Husbands are encouraged to attend with their wives.
- (iii) *Health and Welfare for Retired Citizens (Over 60's)*—This venture, first reported upon in 1963, continued as a special feature of the Local Health Authority services, carried out by two health visitors and a social worker in co-operation with the Deputy Medical Officer of Health and an occupational therapist. Attempts are being made to bring help and advice almost to people's doorsteps by the organisation of meetings and groups in various areas of the town. Classes at the Central Clinic continue to be well attended. The department has assisted in the formation of a new club for the elderly, the members of which are "old boys and girls" of the Health Education Class.

DISPLAYS AND PROJECTS IN CHILD WELFARE CENTRES

Miss Hemming, Health Education Organiser, continued the round of displays at the district Health Centres, contriving with great ingenuity to provide attention-attracting material on a wide variety of subjects.

HEALTH EDUCATION IN SCHOOLS

The Deputy Medical Officer of Health and the health visitors arranged a series of talks and discussions at special and secondary schools in the town. The following information on smoking and venereal disease is included at the particular request of the Ministry of Health.

The film *The Smoking Machine* was shown to members of the Health Department for appraisal in July. Head teachers of all nine junior schools were approached and asked if they would like the film shown in their schools. Seven schools replied in the affirmative. The film was shown to approximately 600 junior school children. Teachers were requested to return short questionnaires after the film had been shown and discussed by the teachers and children.

A number of teachers have requested the film to be shown again next year. The film *Smoking and You* has also been shown by the School Medical Officer and health visitors to children in three of the four secondary modern schools as part of the "Health Education in Schools" programme throughout the year. Both first year and fourth year pupils have seen the film.

Posters *re* The Junior League of Non-Smokers sponsored by the *Family Doctor* magazine were sent to all secondary modern schools and the boys' Grammar School.

A non-smoking campaign was held at the beginning of the year for four weeks, with displays in all Welfare Centres, and a shop window. Posters were displayed in a large number of public buildings. Many requests were made by schools, colleges, shops and factories for posters and leaflets.

Venereal Disease—The subject of venereal disease was included in Health and Sex Education talks to schools, as part of discussions on method of spread of various infections. These talks were given to boys and girls in their third year at three of the four secondary modern schools, at the invitation of the head teachers.

HOME SAFETY

Mrs. S. James, Superintendent Health Visitor and Home Safety Organiser, was responsible for a succession of seasonal campaigns, which included Buy for Safety—Look for the Kite Mark, Spring Cleaning—Do-it-Yourself with Safety, Hazards of Broken Glass—Keep Britain Tidy, Water Safety, Fireguards and Safe Fabrics, Fireworks and Bonfire Safety on November 5th, Protection of Children's Eyes, Safe Christmas, and Tufty's Campaign for Road Safety for the Under-fives.

Talks were given by the Home Safety Organiser to Mothers' Unions, Young Wives' Groups, Young Homemakers, Old People's Groups and home helps.

Groups of girls were examined in Safety in the Home for their Duke of Edinburgh Awards, and all found to have an intelligent and practical knowledge of this subject.

An advance was made when the Children's Nightdresses Regulations came into operation on 1st October, 1964, when it was required that all children's nightdresses offered for sale should be made of non-flammable material.

REHABILITATION OF HANDICAPPED PERSONS

Increasing attention is being paid to the retraining of physically handicapped persons so that they are given some measure of independence. Not only does this give them back their self-respect and

happiness, but it can reduce the burden of care inflicted on relatives and the community care services. The problems set are very varied but the majority are due to arthritis and strokes.

Some of this work is undertaken in the wards, physiotherapy and occupational therapy departments of the local hospitals, but much can only be done where the patient actually lives or works because modifications of equipment or of the building are required. There is close co-operation between the Home Nursing Service and the Welfare Section in this work, and a collection of some of the most useful gadgets is available for patients to borrow and teach themselves new skills.

A part-time occupational therapist was appointed in July and a report on her work is included in the section dealing with Welfare Services on page 58.

F—The Sitter-in Service

		1964	1963
Number of cases	.. ..	73	121
Number of nights	.. ..	429	518
Number of days	.. ..	190	53
Number of sitters-in+2 S.R.N.		14	25
Number of private nurses	..	1	12

The year 1964 has shown a decrease in the number of patients requiring a night sitter, but more than three times the number of part days were required; this was accountable mostly by three long-term patients who either lived alone or lived with one working relative.

The number of sitters-in remained fairly steady during the year and generally fulfilled the need of the service. Although this service is only a comparatively small section of the Community Services, the needs are always acute and often of an emergency nature, and if it was not for the very loyal band of helpers who will go out at extremely short notice, many very sick and confused patients would be left without adequate care.

May I take this opportunity of thanking these ladies for their loyalty, kindness, understanding and willingness, often at great inconvenience, in helping us.

The cost to the Local Authority was £496 compared with £523 in 1963 and £229 in 1962.

G—Tuberculosis

NOTIFICATION REGISTER

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER							
1st January, 1964	..	194	154	13	14	207	168
<i>Add:</i>							
Notifications	..	7	4	1	1	8	5
Transfers	..	8	4	—	—	8	4
Posthumous	..	1	—	—	—	1	—
Notifications	..						
Found on Death	..						
Return	..	1	—	—	—	1	—
		211	162	14	15	225	177
<i>Less:</i>							
Deaths	..	6	2	—	—	6	2
Left Town	..	7	2	—	—	7	2
Arrested	..	3	11	—	—	3	11
		16	15	—	—	16	15
ON REGISTER							
31st December, 1964		195	147	14	15	209	162

Age grouping of new cases notified:

<i>Age Groups</i>		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0-5	..	—	—	—	—	—	—
5-10	..	—	—	—	—	—	—
10-15	..	—	0	—	—	—	—
15-25	..	1	—	—	—	1	—
25-45	..	3	3	—	—	3	3
45-65	..	2*	1	1	—	3	1
Over 65	..	3*	—	—	1	3	1
		9	4	1	1	10	5

*Includes one posthumous notification

The Registrar General's return of causes of death indicates that seven persons died from respiratory tuberculosis in the age group 45-65 years.

The death rates per 1,000 population were:

Respiratory	..	..	..	0.11
Non-respiratory	..	..	..	0.00

Extra nourishment granted to persons suffering from tuberculosis:

Liquid milk—

Quantity supplied	..	..	8,414 pints
Number of cases assisted	..	..	38

B.C.G. VACCINATION

This work is undertaken by the school medical and nursing staff of the department for school children over 13 years and for pupils at

Further Education establishments, and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

Number of persons vaccinated are as follows:

A—CONTACT SCHEME (carried out by the Chest Physician)

Age groups—

Under 5 years	..	..	..	24
5–15 years	..	..	..	12
Over 15 years	..	..	..	1

B—SCHOOL CHILDREN SCHEME (carried out by the medical and nursing staff of this department)

(i) Number skin tested	..	..	583
(ii) Number found negative	..	..	516
(iii) Number vaccinated	..	..	516

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested	..	..	7
(ii) Number found negative	..	..	5
(iii) Number vaccinated	..	..	5

MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. R. G. Rigden carried out surveys in the area, including employees of certain local establishments, residents of the Authority's old persons' homes and students at a local training college.

The Unit also paid monthly visits to Eastbourne for the main purpose of examining patients referred by general practitioners, but staff of Local Authority departments and members of the general public were also examined.

H—Chiropody Service

The commencement of the Local Authority-operated Chiropody Service for the aged and handicapped was referred to in my report for 1960. The following table indicates the development of the service over the past five years.

At the time of writing an additional whole-time chiropodist has been appointed to cope with the growing demand.

	At Authority Clinics							Old Persons Homes	Chiro-podists employed	
Year	Aged and Handicapped Persons						Schoolchildren			
	No. on books at 31st Dec.	No. of treat-ments given in year (incl. Dom.)	Increase on previous year		No. of Clinic sessions (excl. Dom.)	Domi-ciliary visits	No. treated	No. of treat-ments	No. of sessions	Full-time equivalent
			No.	%						
1960	300	—	—	—	—	—	—	—	—	—
1961	400	2293	100	33	347	100	80	173	86	1.0
1962	450	2621	50	12	391	126	44	126	57	1.0
1963	550	2960	100	22	458	145	32	111	78	1.2
1964	633	3062	83	15	525	170	20	76	71	1.2

The standard charge remained unchanged at 9s. for two feet and 6s. for one foot treated, but as the majority of patients treated under the National Health Service are pensioners most of them received treatment free of charge or at very reduced cost.

There is, of course, no charge for residents of the Authority's Homes or for school children.

Of the number of cases treated, assessments were as follows:

Free to scale	..	..	..	..	490
Scale charge	..	..	..	..	29
Full cost	..	..	..	..	106
Special cases—					
Free	..	..	..	..	5
Charged	..	..	..	..	3
					<hr/>
Total at December, 1964	..	..	..	..	633*
					<hr/>

* 333 of whom were in receipt of National Assistance

I—Incontinence Pads Service

This service became officially established in November, 1963, following receipt of Ministry of Health Circular 14/63, although prior to this date some pads had been supplied to patients through the Home Nursing Service. The Local Health Authority agreed that no charge should be made to recipients of the service who are supplied with pads on the recommendation of medical practitioners or the medical and nursing staffs of the department.

Some 1,200 pads had been supplied to 73 patients at the end of the year at a cost of approximately £25.

DISPOSAL OF SOILED PADS

At present this does not present a serious problem. The majority of patients reside in homes with open fires and the pads are burned. In occasional cases where there is gross soiling and difficulty in burning, arrangements are made for collection and disposal at the Corporation's incinerator plant at the Refuse Disposal Works. In homes without any facilities for burning, the soiled pads are well wrapped in newspaper and plastic bags supplied by the department and placed in ordinary refuse receptacles.

J—Laundry Service for Incontinent Patients

This service has been established for some two years and provides for the laundering of soiled bedding, linen and clothing not acceptable by commercial laundries. A collection and delivery service is operated by the department's own transport and the laundering is carried out at the local hospital laundry by arrangement with the Hospital Management Committee. The cost borne by the Local Health Authority amounts to about £90 per annum.

THE HOME HELP SERVICE

Notwithstanding the increasing competition for female labour in the area, it was possible to increase the staff of home helps by about 13 per cent., resulting in an extra 6,000 hours worked. This is still insignificant when compared with the real need and further intensive measures are contemplated. The average amount of help per case per week was 1.7 hours. The following table illustrates the slow growth of the service:

	1961	1962	1963	1964
No. of cases assisted	566	541	613	647
Average hours help per case ..	86	87	81	87
No. of hours worked by Home Helps	48,740	47,120	50,931	56,818
No. of part-time Home Helps employed at 31st December ..	38	41	45	47
Equivalent whole-time Home Helps for year	22.3	21.6	23.3	26.6

Miss N. E. Russell, Superintendent of Home Nurses and Domestic Help Organiser, reports:

Although this service has increased in 1964 in all aspects, we are still in need of more helpers to cover the ever-increasing demand, and to bring the service in line with national trends.

Since July, 1964 we have had a part-time assistant who is responsible, under the Deputy Organiser, for some of the routine visiting. Approximately 37 per cent. additional visits were made during the year; also, talks were given to interested groups by the Deputy Home Help Organiser leading, it is hoped, to better knowledge of the service.

As mentioned in the 1963 Report, "In Service" Training has commenced—the first six-week period in May and the second in November. These courses have been attended by twelve and ten home helps respectively, who have been on the staff over a year. We are most grateful for the help given by various speakers who attended in their own free time; these included the Lay Administrative Officer, Chief Public Health Inspector, Superintendent Health Visitor and Geriatric Health Visitor, as well as members of the Home Help and Home Nursing Services, and with the co-operation of the Principal of the Department of Housecraft, College of Further Education. The course covered most of the aspects of community health; certificates and badges were presented by the Medical Officer of Health for all who attended regularly.

Although there is only a small increase in the number of persons assisted, the number of hours given was increased by approximately 12 per cent. In spite of this, the help had to be kept to the minimum required owing to the inability to recruit further additional staff.

The home helps were given the addition of mackintosh and scooter allowances for those working over twenty hours a week—this has been appreciated.

I would like to record my thanks to the loyal service given by the staff, and it is with pleasure one notes that there was considerably less sickness and absence from duty during 1964 than in previous years.

NUMBER OF CASES WHERE DOMESTIC HELP WAS PROVIDED DURING THE YEAR*

	<i>Total</i>
(a) Maternity (including expectant mothers)	32
(b) Chronic sick and tuberculosis ..	488
(c) Mentally disordered.. ..	14
(d) Others	113

*A case is counted once, even if help ceased and recommenced during the year.

SUMMARY OF ASSESSMENTS

According to scale—				
Full cost .. ..	..	..	..	221
Part cost .. ..	..	..	..	—
Free .. ..	..	..	..	23
Specially assessed cases—				
Part cost .. ..	..	..	..	115
Free .. ..	..	..	..	25
Cases reimbursed by N.A.B. ..	..	..	..	263
				—
				647
				—

THE MENTAL HEALTH SERVICE

General

Information relating to the mental health of the community is most unfortunately limited to that provided by the sparse statistics of patients in whose care and treatment the department's officers are directly involved.

The numbers, ages and sex of other patients from the County Borough area admitted to and discharged from Hellingly Hospital cannot be ascertained, and a similar lack of information exists in regard to outpatient attendances at the local hospital clinic.

Clearly this represents a considerable handicap to the Local Health Authority in planning future provision for community care of the mentally ill, and is in marked contrast to the experience of many other Authorities who are amply provided with the information they require.

Notwithstanding the above there is a useful liaison with the Hospital Service in regard to patients deemed to require supervision and care during and after treatment, and grateful appreciation is also

expressed for the willing provision of short-term care of subnormal patients.

Similarly there is some hope that grossly retarded and physically handicapped children, at present cared for in special care units of day training centres, may be recognised as requiring that type of care which can only be provided by a day hospital.

Particular appreciation should be expressed to the staff of the Mental Health Section, including those working in the Training and Occupation Centres and Hostels. The stresses and strains of this work are exceptional and one cannot but be impressed by their dedicated approach to the work.

Community Care

This authority was early in the field with a 15-place hostel for female patients. The type, age group and length of stay of residents has been very diverse, with a tendency towards longer stay than was originally intended. The results of rehabilitative effort have not been spectacular. The Hostel has, however, proved to be a haven for a number of persons whose care would otherwise have presented a considerable problem. The need for further hostels is being kept closely under review.

A solid achievement of the Mental Health Act was the impetus given to the provision of day training centres. A most important milestone was the completion and opening of Hazel Court Junior Training Centre for 60 children in May, 1964. Residential care from Monday to Friday is provided for 15 children in the Hostel which forms part of the Centre premises. A proportion of East Sussex County children are accepted.

The former Occupation Centre at Salehurst Road was maintained to provide supervision, care and occupation for persons over 16 years of age. A number of these will ultimately take advantage of adult training centre facilities to be provided by the East Sussex County Council as a reciprocal arrangement.

It will undoubtedly be necessary to develop the present establishment into something of a sheltered workshop for those who cannot hope to benefit from more advanced training.

Mental Illness

HOSPITAL CARE

<i>Mental Health Act, 1959</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 5 (Informal) .. ..	..	5	14	19
Section 25 (Observation, 28 days) ..	..	4	12	16
Section 26 (Treatment) .. ..	..	3	2	5
Section 29 (Observation in Emergency, 3 days) .. ..	..	3	8	11
Section 135 (Justices Warrant: Place of Safety, 72 hours) .. ..	..	—	1	1
		<hr/> 15	<hr/> 37	<hr/> 52

DISPOSAL OF PATIENTS

<i>Hospital</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Hellingly, Hailsham ..	..	14	34	48
St. Mary's, Eastbourne ..	..	—	2	2
St. Francis', Haywards Heath ..	..	1	—	1
St. Andrew's, Northampton ..	..	—	1	1
		<hr/>	<hr/>	<hr/>
		15	37	52
		<hr/>	<hr/>	<hr/>
TOTALS IN PREVIOUS YEARS ..	1963 66	1962 75	1961 41	1960 55

Care and After Care

31 males and 74 females were referred to the department's officers for supportive care.

"The Yews" Hostel for Women

In residence at 1st January, 1964 ..	..	..	..	13
Admitted during year ..	..	..	..	10
Discharged—				
To hospitals ..	..	..	..	3
To private accommodation ..	..	..	..	2
To Council flat ..	..	..	..	1
To homes (N.A. Act) ..	..	..	..	6
To own home ..	..	..	..	1
In residence at end of year ..	..	..	..	10

THE SUBNORMAL AND SEVERELY SUBNORMAL

Males

Nine new cases were notified—six by the Education Authority, one transferred from another Authority, one reported by a general hospital and one reported by a relative.

Three removed, one died and two left the area.

Females

Nine new cases were notified—two by the Local Education Authority, five transferred from other Authorities, one reported by Assistant Medical Officer of Health and one reported by a relative.

Two removed—both having died.

Hospital Waiting List

Four males and one female are on the waiting list for permanent care, and of these two males are on the urgent waiting list.

Short-Term Care

Eleven patients were received into hospitals for short-term care during the year.

Position at the End of 1964

			<i>Males</i>	<i>Females</i>
In hospitals and homes .. .. .	..	..	50	32
Under guardianship .. .. .	..	..	1	5
Under supervision .. .. .	..	..	51	52
			<hr/> 102	<hr/> 89

Training Centres and Hostel

	<i>Days open</i>	<i>Total attendances</i>	<i>On Register at 31.12.64</i>		
			<i>Eastbourne</i>	<i>East Sussex</i>	<i>Other Authorities</i>
Salehurst Road (Junior and Adults to May, 1964. Adult Centre from May, 1964) ..	198	5192	14	11	—
Hazel Court Junior Training Centre (from May, 1964) ..	177	5335	27	28	1
Hazel Court Hostel (from May, 1964) ..	123	1176	3	9	—

HAZEL COURT—JUNIOR TRAINING CENTRE

Report of the Principal, Miss E. Burns

May 25th, 1964, saw the opening of our new purpose-built Centre. The children admitted were drawn in part from the old Centre, together with a number who had had no previous training whatever. Conditions were inevitably somewhat chaotic at the outset.

Many of the children were with others for the first time and resented having to share the teacher; this was shown by biting and scratching each other. Others were timid and tearful, clinging to the teacher and demanding constant attention. However, the day came to a close and we were able to make plans with some knowledge of what was in store for us during the next few settling-in weeks.

Much experimenting had to be done in order to produce some semblance of class formation until it was possible to find time for testing, except of course in the case of those who were obviously in need of special care and who were accommodated straight away in our Special Care Unit.

During those early days, our chief task was to convince the children that they were wanted and loved in order to produce an

atmosphere of happiness and confidence. Upon that foundation, I am happy to say we have been able to build a Training Centre which is now functioning at a fairly high level of efficiency whilst maintaining a spirit of loving and trusting relationships.

Since our inauguration, many changes have taken place, staff duties have been reorganised and additional staff secured. We are now in the happy position of being able to divide into five distinct training groups, working to completely different time-tables and subjects according to abilities.

In planning our training syllabus, we have to be ever on the alert for the changing outlook on the future possibilities for these children. We are anxious that they should not be trained to acquire one or two specific skills only, but rather that they should be allowed to develop the whole personality to its fullest extent. In this way, we believe we can help the child to fit into home and community life with the minimum of difficulty and embarrassment for the parent. We aim to make him a useful, if not fully independent, member of the community; the measure of usefulness, of course, will depend upon the varying abilities.

The subjects taught are:

1. ACTIVITY in the form of—

(a) Physical Education—using full junior school apparatus, and including remedial exercises for various physical defects.

(b) Music and Movement—to a full range of special records.

(c) Dancing—folk and old-time.

(d) Team Games—football and netball, cricket, etc.

In this way, we stimulate concentration, correct faulty posture, develop more graceful movement, and relieve chest and breathing difficulties. By these methods, too, we hope to eliminate the excessive awkward gait and blank facial expressions which have in the past stamped our subnormal children and caused embarrassment to parents. We believe that by introducing these skills at an early age we can help the subnormal to confidence in his own achievements and personality, and make him much more able to apply himself to the learning of new skills in a workshop situation in later life.

2. SOCIAL SKILLS in the form of—

(a) Self-Help—being able to toilet, dress and undress, and feed himself in a manner acceptable to the community.

(b) Speech-Therapy—a speech therapist is in attendance for two sessions weekly, and in addition the subject is tackled at classroom level in a variety of ways as a daily subject.

(c) Social-Sight Vocabulary—a 250-word vocabulary compiled by Dr. Gunzburg, who has specialised in rehabilitating the teenage subnormal into community life and thus is fully conversant with the

minimum requirements to make this possible, and has devised this to help eliminate the many snags arising in successful placement of the non-reader.

This vocabulary is in use throughout the school. Starting as a matching word picture game in Class 1 and developed in each class until, at 16, many will both recognise and understand the main notices and signs around town, and various short meaningful phrases. This can enable him to get about without drawing attention to himself and save him from many embarrassing moments in a workshop situation. At the same time we do a little of pre-reading and writing, and are ever on the watch for the odd one who could benefit from formal 3/R lessons. Such children are taken out into a special class along with one or two higher-grade maladjusted children for instruction in these skills.

(d) Money Values—again starting in the nursery with coin recognition, and building up throughout the school, our aim being to reach the full understanding of the value, composition and uses of money as far as capabilities will allow. We feel that on reaching the age of 16 the subnormal ought to be able to bring a few items from the shop, plus the correct change.

(e) Time—introducing the importance of the clock in our everyday life, and building up an understanding of time and an ability to use the clock as far as handicap will allow.

(f) Housecraft—for both boys and girls. This again takes a very practical form and includes the teaching of the very elementary tasks about the home and kitchen. Our aim is to produce a standard of all-round usefulness rather than a high standard of efficiency in one or two specific skills. Cleaning, preparation of food, the cooking of simple meals and laying of tables, etc., all come into this subject.

(g) Teenage Hygiene and Good Grooming—again tackling the problem of posture, deportment, and cleanliness which make all the difference to their acceptance in the community.

3. OCCUPATIONAL SKILLS

(a) Gardening—for the older boys; two sessions per week. Here again we feel that to be able and trusted to help in the garden at home can give a tremendous sense of usefulness and achievement.

(b) Handicrafts—introducing sewing, knitting, feltwork, leather-work, embroidery, etc.

(c) Art—in various mediums; painting, clay modelling, creative handwork, papier mache, etc.

4. GENERAL SKILLS

(a) Knowledge of Colour.

(b) Number Concepts.

(c) Nature Study.

(d) Percussion—with the younger children.

(e) Singing.

(f) General Knowledge.

(g) Free (Play or Choose) Time—according to class. This is a very important period for developing personality, ability to make decisions, concentration, speech, and acceptance of frustrations; the latter playing a tremendous part in future placing possibilities.

(h) General Knowledge and Local Current Events.

Special classroom projects are introduced to incorporate all these subjects and follow-up visits are planned.

Special Events

Since the start of our Centre, two of these have taken place and a third—a “Sports Day”—is being planned for the month of July.

A Harvest Service, to which parents and friends were invited, took place on 29th September and was very well supported. The service was conducted by the Rev. E. Gabb of Ceylon Place Baptist Church. The produce brought by the children was then taken by selected children to needy families and pensioners and was greatly appreciated. By this means our children were introduced to the joy of giving, a pleasure so often denied them because the nature of their handicap is such that they are invariably at the receiving end of such gestures.

On 16th December we held our Christmas Carol Service and Concert; this, too, proved a tremendous success and we had difficulty in accommodating all who came. The programme included Music and Movement items, Country Dancing, and the miming of the full Christmas Story. The children thoroughly enjoyed dressing up and performed with surprising accuracy.

Summing up our achievements over the first year, we feel a certain measure of pride in what has been accomplished and look forward to even greater things ahead.

One boy has left us at 16 and is working in open employment, and whilst we are well aware that such results will be few, this does, nevertheless, give us great encouragement.

EASTBOURNE ADULT OCCUPATION/TRAINING CENTRE SALEHURST ROAD

Report of the Supervisor, Mr. G. A. Townsend

This Centre reopened on 25th May to provide training, occupation and care of subnormal persons of both sexes aged 16 years and over.

The age range of trainees is from 16 to 61 years, the majority group being females over 30 years of age.

Many of the trainees have attained the limit of their capabilities, but training is nevertheless aimed at encouraging any latent ability. Some of the younger people will be able to progress to Adult Training Centres with a view to ultimate absorption in normal employment in suitable industries.

The curriculum includes training in domestic chores, cookery, needlework and rug-making, mainly for the females. Woodworking and handicrafts such as wash-leather and mop-making have reached a fairly high standard. Other non-productive handicraft work is introduced to improve co-ordination of hand and eye.

Singing, dancing and physical exercise classes encourage voice production, improved gait, and discourage any tendency to obesity.

Hygiene and social education is assisted by films and taped recordings.

SECTION C

WELFARE SERVICES

The work of the Welfare Section was reorganised during the year into two parts: one, Welfare and Mental Health, concentrating on the care of the mentally ill, the subnormal, the residential accommodation of the elderly and temporarily homeless. The other comprises the Geriatric Welfare Section with two health visitors seconded for the purpose and a welfare officer concentrating on the care of the elderly in their own homes, and dealing with both hospital and residential accommodation waiting lists.

Geriatric Welfare Section

The most pressing problem remains that of accommodation for frail elderly persons who for some reason have to move house. Each time a landlady housing several elderly folk retires and sells her property a very difficult situation occurs, and one which causes much distress to the elderly who find it hard to adapt to new surroundings. A boarding-out scheme with a part-time officer to run it is an urgent necessity and one which the local voluntary associations could well undertake. One of the geriatric health visitors maintains close liaison with the Council's Housing Department to advise on relative priorities from the social angle, and to visit the special warden-flatlets for the elderly, of which two additional blocks housing forty-two persons were opened during the year.

Another serious problem is that of shortage of geriatric hospital beds, which throws a very serious strain upon the relatives of the sick elderly who really require hospital care. The home nursing and domestic help staff are deployed to give the best support possible, and the sitter-up scheme and laundry scheme have also helped on occasion. The other geriatric health visitor has continued to visit all patients on the hospital geriatric waiting list to advise on the relative priority of admission.

During the summer months, attention was concentrated on arranging holiday admissions to our Council Homes for the Elderly. To be of value, firm dates for admission have to be made to allow the relations to book up holidays, and a rota scheme was devised to make best use of beds deliberately kept free for this purpose. The use of casual vacancies resulting from residents going on holiday has proved too uncertain to be of much value.

Reference was made in my last report to the opening of the new home at Willoughby Court in October, 1964. This home for fifty aged persons is now functioning satisfactorily. Work on the new home on the site of Christ Church Vicarage is about to commence.

The waiting list for residential accommodation remains impressive, notwithstanding the current provision of some 250 places in six existing homes in the Borough, and an additional three homes which have been planned.

I am satisfied that in its forward planning, both for residential accommodation and warden-type flatlets under housing, this Council has faced up to the problems of the aged and is to be congratulated on its foresight.

Once again my thanks to the various voluntary bodies for the help they have given in their respective spheres.

Residential Accommodation—Section 21 (i) (a)

Figures for the year were as follows:

1. CAVENDISH LODGE				<i>Men</i>
On 31st Deccmber, 1963	..	..	..	23
Admitted during the year	..	..	..	14
Discharged during the year	..	..	..	12
Died	..	..	..	—
On 31st December, 1964	..	..	..	25
2. 'TREVIN' TOWERS				<i>Men</i> <i>Women</i>
On 31st December, 1963	..	..	..	4 41
Admitted during the year	..	..	..	1 30
Discharged during the year	..	..	..	1 27
Died	..	..	..	— 5
On 31st December, 1964	..	..	..	4 39
3. STAVELEY COURT				<i>Men</i> <i>Women</i>
On 31st December, 1963	..	..	..	7 48
Admitted during the year	..	..	..	7 45
Discharged during the year	..	..	..	3 42
Died	..	..	..	1 7
On 31st December, 1964	..	..	..	10 44
4. ST. ANTHONY'S COURT				<i>Men</i> <i>Women</i>
On 31st December, 1963	..	..	..	10 39
Admitted during the year	..	..	..	13 32
Discharged during the year	..	..	..	12 24
Died	..	..	..	1 8
On 31st December, 1964	..	..	..	10 39
5. WILLOUGHBY COURT				<i>Men</i> <i>Women</i>
Admitted since September, 1964	..	..	..	14 48
Discharged since September, 1964	..	..	..	3 10
Died	..	..	..	— 5
On 31st December, 1964	..	..	..	11 33
6. THE WOLDS				<i>Women</i>
On 31st December, 1963	..	..	..	20
Admitted during the year	..	..	..	30
Discharged during the year	..	..	..	26
Died	..	..	..	2
On 31st December, 1964	..	..	..	22

The average age of residents in the home is 78 years.

7. VOLUNTARY HOMES			<i>Men</i>	<i>Women</i>
Searchlight Cripples Workshop	..	..	1	—
W.V.S. Home, Hove	..	..	—	2
St. Elizabeth's, Seaford	..	..	—	2
Salvation Army Home, Hassocks	..	..	—	1
Salvation Army Home, Westgate	..	..	—	1
Royal Home and Hospital for Incurables, Putney			—	2
Jewish Home for Incurables	..	..	1	—
Methodist Home, Croydon	..	..	—	1
Nazareth House, Bexhill	..	..	—	2
Papworth Village Settlement	..	..	1	—
The Dell, Oulton Broad	..	..	—	1
Castle Glen, Sandgate	..	..	—	1
Elim Eventide Home	..	..	1	1
Sussex House, St. Leonards	..	..	1	1
St. Bridget's (Cheshire Home)	..	..	—	1
St. Joseph's Convent, Brighton	..	..	—	3
Eothen Homes, Sutton	..	..	—	1
Oakhill House (Civil Service Benevolent Fund)			—	1
Bernard Baron Homes	..	..	1	1
Greenway Methodist Home	..	..	1	2
Delia Grothen (Hill Homes)	..	..	—	1

The above thirty-two cases were resident on 31st December, 1964.

Also resident during the year:			<i>Men</i>	<i>Women</i>
Ryelands (Methodist Home), Wallington	..	..	—	1
*Limpsfield Rest Home, Oxted	..	..	—	1
*St. Joseph's Home, Bournemouth	..	..	1	1

* Holiday care only

8. ACCOMMODATION BY OTHER AUTHORITIES			<i>Women</i>
L.C.C. Home, 9, Fitzjohn's Avenue, London	..	..	1
East Sussex County Council, Haystoun House	..	..	1
Croydon County Borough, Shirley	..	..	1

Accommodation for Temporarily Homeless—Section 21 (i) (b)

THE KNOWLE, OAK TREE LANE

Sixteen families were accommodated during the year—four resident for whole year. Eight families were admitted during the year and nine families discharged. Three families were allocated accommodation by the Council's Housing Committee, five families found private accommodation and one woman was admitted to hospital.

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
On 31st December, 1963	.. 8	1	8	14
Admitted during the year	.. 8	8	8	17
Discharged during the year	.. 9	5	9	19
On 31st December, 1964	.. 7	4	7	12

Handicapped Persons—Section 29

(a) BLIND PERSONS

(i) *Incidence of Blindness*—During the year 57 B.D.8 forms for new cases were received; of these, 38 were registered as blind within the meaning of the Act and 19 as partially sighted, the causes of disability and treatment in respect of these cases certified as blind being as stated in the following table:

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1. Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:				
(a) No treatment	5	6	—	12
(b) Treatment (medical, surgical, optical)	4	3	—	8
2. Number of cases at (i) (b) above which on follow-up action have received treatment	4	2	—	6

The recommendations for treatment were mainly medical and hospital supervision.

(ii) *Registration*—

Total at 31st December, 1963	..	..	209
Registered during year	..	..	38
Died during year	..	..	23
Transfers from other areas	..	..	8
Transferred to other areas	..	..	5
Total at 31st December, 1964	..	..	227

Age group	Males	Females	Total
Under 5 years	—	1	1
Between 5 and 15 years	1	1	2
Between 15 and 30 years	1	1	2
Between 30 and 50 years	10	3	13
Between 50 and 70 years	30	28	58
70 years and over	46	105	151
	88	139	227

(iii) *Home Workers*—One blind nian was included in the Home Workers' Scheme of the National Institute for the Blind as a basket maker.

(b) PARTIALLY SIGHTED PERSONS

The Council's scheme provides that the services for the blind shall also be generally available for the partially sighted. At the end of the year there were 76 partially sighted persons on the Register—13 males and 63 females.

(c) DEAF AND DUMB

As in previous years, the Chichester Diocesan Association for the Deaf and Dumb continued to act as agents. The total at the end of the year was 16.

(d) HARD OF HEARING

The Eastbourne and District Hard of Hearing Association continues to provide an excellent service. The number of registered cases at the end of the year was 45.

(e) PHYSICALLY HANDICAPPED

The Eastbourne Association for the Disabled continued to act as agents for the Council. The total on the Register at 31st December, 1964, was 123.

Assistance with Alterations—During the year 10 cases on the Register of Handicapped Persons were assisted with alterations to their homes at a total cost of £104 7s. 10d., of which £21 was recovered.

(f) EPILEPTICS

One woman was accommodated in Meath Home and one woman in Chalfont St. Giles.

Old People's Organisations

MEALS ON WHEELS

The W.V.S. continued to provide this excellent service. During the year 24,432 meals were supplied, an average of 95.44 per day. The cost to the Council was £50 12s. 11d.

OLD PEOPLE'S CLUBS

All clubs referred to in my previous report continued to function and to provide a useful service. Adaptations at the Senior Citizens' Club have been completed to provide a very much larger communal room-cum-lounge on the first floor.

OLD PEOPLE'S WELFARE COUNCIL

Whilst credit must be given to the efforts of individual members of the Committee, this body is, in my view, insufficiently representative of the voluntary organisations, is insufficiently known and is relatively ineffective as a co-ordinating organisation.

Registration of Homes—Section 37

At the end of the year there were 21 registered homes providing 204 beds. Private visits of inspection were made to ensure that the accommodation and service provided were satisfactory.

Care of Property

During the year the property of 76 persons was in care. The majority of the property is now stored at "Swallows Nest"; one attic room is still retained at Avenue House for items that may be required at short notice. The control and supervision of property takes up a considerable amount of officers' time.

Burials

During the year 11 burials and 2 cremations were arranged at a total cost of £343 3s. 6d., of which sum £276 11s. 7d. was recovered (80.64 per cent.).

Occupational Therapy and Rehabilitation

Work of the Occupational Therapist:	<i>Visits</i>
Staveley Court	24
Trevin Towers	24
Home-bound patients	88
Geriatric Case Conference	20

Mrs. P. Robertson, M.A.O.T., was appointed part-time Occupational Therapist from July, 1964, and she has considerably expanded this aspect of our work, both in the homes for the elderly and in patients' own homes. The hospital Occupational Therapy and Physiotherapy Departments have been most co-operative in providing information and equipment when necessary, and in notifying this department of patients awaiting discharge from hospital when special aids or adaptations in the home may be necessary.

The main emphasis in home occupational therapy has been that of rehabilitation; teaching the normal skills of daily living to patients handicapped by strokes, arthritis and injury, and prompting recovery of the limbs by using them in suitable handwork.

At Staveley Court, Trevin Towers and St. Anthony's Court occupational therapy classes are now part of general routine. Mrs. Robertson reports:

Here diversional occupational therapy predominates but the general health of the resident is always borne in mind and certain activities suggested as being more beneficial than others. It is hoped that as many as possible of these residents may join in some activity, ranging from very simple occupations and indoor games on a "social morning" to more specialised crafts for those more able. It is wonderful how gifted some of these elderly people are, even though physically they may be very limited. Eighty per cent. of the exhibitors to the Autumn Exhibition at the Winter Garden received certificates which was a great boost to morale.



The staircase of the house of an elderly lady
subsequently accommodated in a residential home



The kitchen at the same house

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications

Cases of infectious disease reported to the department and notified to the Registrar General was the lowest recorded in the area, apart from the war years when the town was partially evacuated. No cases of poliomyelitis or food poisoning were reported.

Notifications of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All ages</i>	<i>0-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>	<i>Unknown</i>
Scarlet Fever	11	2	8	1	—	—	—
Whooping Cough	20	12	7	1	—	—	—
Measles	21	10	8	3	—	—	—
Acute Pneumonia	3	—	1	—	—	2	—
Paratyphoid Fever	1	—	1	—	—	—	—
Tuberculosis (Respiratory)	11	—	—	7	2	2	—
„ (Other)	2	—	—	—	1	1	—
Puerperal Pyrexia	7	—	—	7	—	—	—
Ophthalmia neonatorum	1	1	—	—	—	—	—
Totals	77	25	25	19	3	5	—

Public Health Laboratory Service

Pathology investigations were carried out on behalf of the department at the Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson, and by Dr. D. C. Taylor and Dr. J. Surtees, pathologists to the Eastbourne Hospital Management Committee, to whom grateful acknowledgment is given for their ready assistance and co-operation at all times.

Venereal Diseases

Information was supplied to the department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Memorial Hospital—Mondays for women and children, and Wednesdays for men.

New cases attending the centre are shown in the table below. The figures in brackets relate to 1963.

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	0 (—)	0 (1)	0 (1)
Gonorrhoea	4 (3)	0 (1)	4 (4)
Other conditions	45 (41)	17 (11)	62 (52)

New Cases, 1954-64

1954	..	..	36	1959	..	..	30
1955	..	..	32	1960	..	..	35
1956	..	..	30	1961	..	..	51
1957	..	..	39	1962	..	..	52
1958	..	..	33	1963	..	..	57
				1964	..	..	66

SECTION E

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Sewerage and Sewage Disposal

Public Baths

Report of the Chief Public Health Inspector

WATER SUPPLY

The water supply of the Borough is provided by the Eastbourne Waterworks Company. The bulk of the supply is obtained from a well in the Downs in the Parish of Friston about three and a half miles from the centre of Eastbourne. Over two miles of heading, lying at a depth varying from 120 to 400 ft., feed a well 120 ft. deep. The water is pumped to a reservoir on Friston Hill and thence gravitates by a 21 in. main to covered service reservoirs at Meads and Mill Gap. The capacity of the station is approximately $3\frac{1}{2}$ million gallons per day and the total quantity pumped during 1964 was 655 million gallons.

The Catchment Area covers approximately four square miles, is all Downland, and 2,000 acres have been leased to the Forestry Commission. All possible precautions are taken to mitigate the risk of pollution.

The Company's Cornish Pumping Station, which is situated at Wigden's Bottom between Belle Tout and the main Eastbourne road, has headings in the chalk ranging in depth from 200 to 300 ft. and some 700 yds. in total length. This station provided 295 million gallons during the year 1964.

A further quantity of 603 million gallons was pumped into supply from the Waterworks Road Pumping Station during the year.

Holywell provided another source of supply, where the water is obtained from a well with headings in the chalk—one heading running parallel to the cliff, and one extending under the Paradise Reservoir. The depth of this heading varies from 25 to 300 ft. During the year 126 million gallons were obtained from this source.

The water from these sources met all demands and bacteriologically as well as chemically maintained its usual high standard of quality. Nine chemical and 182 bacteriological examinations of both raw and piped supplies were carried out by the Company's analysts and samples of the piped supply were regularly sent by the Health Department for chemical analysis as well as bacteriological examination.

Typical reports are as follows:

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance: Clear and bright	Turbidity: Nil
Colour: Nil	Odour: Nil
pH: 7.2	Free Carbon Dioxide: 9
Electric Conductivity: 380	Dissolved Solids dried at 180° C: 240
Chlorine present as Chloride: 32	Alkalinity as Calcium Carbonate: 140
Hardness: Total 170	Carbonate: 140
Nitrate Nitrogen: 4.3	Non-carbonate: 30
Ammoniacal Nitrogen*: 0.01	Nitrite Nitrogen: absent
Albuminoid Nitrogen*: 0.000	Oxygen Absorbed: 0.20
Metals: Iron, Zinc, Copper and Lead: Absent	Residual Chlorine: 0.05

*To convert to Ammonia multiply by 1.21

BACTERIOLOGICAL RESULTS

	<i>1 day</i> at 37° C.	<i>2 days</i> at 37° C.	<i>3 days</i> at 37° C.
Number of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.
	<i>Present in</i>	<i>Absent from</i>	<i>Probable number</i>
Presumptive Coli			
acrognes Reaction	—ml.	100 ml.	0 per 100 ml.
Bact. coli (Type 1) . .	—ml.	100 ml.	0 per 100 ml.
<i>Cl welchii</i> Reaction . .	—ml.	100 ml.	—

This sample is clear and bright in appearance and conforms to the highest standard of bacterial purity. These results are indicative of a wholesome water suitable for public supply purposes.

The weekly quantity of water pumped from the four sources mentioned above and supplied to consumers within the County Borough and neighbouring parishes in the Hailsham Rural District varied between 27 million and 40½ million gallons, with an average weekly consumption throughout the year of 32 millions. All dwelling-houses in the area of the County Borough, totalling some 21,021 at April, 1964, are supplied direct from public water mains.

SEWERAGE AND SEWAGE DISPOSAL

Disposal is by discharge into the sea after screening and maceration. The outfall is at a remote point on the coast where tide and prevailing wind favour minimum contamination of the beaches. Further research has been conducted into the detail of the capital expenditure programme which provides for an extension to this outfall. The discharge is to be made in deeper water, 2,100 feet off shore and greater diffusion will take place as a result of the actual discharge being made through ports in the last 300 ft. of the pipe.

Work on the Archery pumping station has been completed during the year. Teething troubles have been overcome and the station is working satisfactorily and has proved its ability to deal with flood water.

One area to the north-east of the Borough is still not connected to main drainage.

Of the 123 properties in the vicinity of Langney Rise and Friday Street drained by means of cesspool or septic tank, or cesspool and filter-bed, some 40 are without bathrooms and in 16 cases pail closets are in use. This area also includes an all-the-year-round caravan site, a mansion for the temporarily homeless, a row of Council houses and a new Junior Training Centre.

The next two years should see the first step being taken for main drainage extension at this end of the Borough by the provision of main sewers to serve the proposed development of 55 acres at Langney Mount.

PUBLIC BATHS

The Old Town Swimming Bath, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is directly under the control of the Health Department. Breakpoint chlorination conditions are maintained, and once every four hours the whole of the water in the pool is circulated through two pressure filters.

This bath is used mainly by school children and is open from April to October. During the 1964 season twenty-two samples of water were taken for bacteriological examination, all of which were satisfactory.

The numbers using the bath during the season were:

Organised Parties—

Local Authority Schools	..	..	18,991
Private Schools	..	..	160
Youth Organisations	..	..	1,522
General Public	..	..	11,094
			<hr/>
			31,767
			<hr/>

The number of users in the previous five years were:

1959	..	..	..	..	31,165
1960	..	..	..	..	24,586
1961	..	..	..	..	29,797
1962	..	..	..	..	26,266
1963	..	..	..	..	20,959

Individual Baths

The number of users were as follows:

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>O.A.P.</i>	<i>Total</i>
Old Town ..	3,076	2,506	524	155	6,261
Seaside ..	11,258	5,143	655	351	17,407
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	14,334	7,649	1,179	506	23,668
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Devonshire Swimming Baths

The Devonshire Swimming Baths (under the control of the Entertainments Department) comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72°-74° F. The circulation period is approximately 4½ hours, when both baths are in operation.

During the year fifty-seven samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained.

Other Swimming Baths

Two other swimming pools—one outdoor, privately owned, and the other an indoor swimming bath at a primary school are in use. Thirty-eight samples were taken from these two pools and, generally, were of a satisfactory bacteriological standard.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, Cert. R.S.H.

Early in the year in the middle of the first “out of season” approach to hoteliers and boarding house keepers, came news of typhoid in Aberdeen. Their problem was ours—it could be us in trouble. Under the Medical Officer of Health the health team clicked into action. We called for a higher hygiene standard in food premises than ever before and received unexpected co-operation from the “trade”. This set the trend for the year’s work—teamwork.

The Offices, Shops and Railway Premises Act, 1963, introduced for the first time legislation covering aspects of health, safety and welfare for workers in offices and shops. It was decided that the Public Health Inspectors were the most suitable officers to deal with offices and shops. All fire precautions were to be dealt with by the Fire Authority and H.M. Inspector of Factories is responsible for factory office premises, Crown premises and local authority offices. The Act provided for liaison between central government and the local authorities by means of inspectors in each regional office of the Ministry of Labour. The essence of success was teamwork.

The Housing Act, 1964 introduced legislation for the compulsory improvement of dwellings with provision also for financial assistance. The Act contains amendments to the 1961 Housing Act in regard to houses in multiple occupation. A new measure of control by way of a control order procedure is likely to be of value in dealing with certain more difficult proprietors. It is obvious that with the making of a control order close collaboration between officers of the local authority will be essential.

'There is nothing particularly new about this idea of working together, but during the year we had a replacement inspector and a new technical assistant and with so much new legislation it is pleasing to record all worked together very well.

I would express my appreciation to all the technical staff of the section for their combined efforts during the year and to Miss G. E. Woods for so ably co-ordinating and recording our efforts.

General Summary

Visits and inspections made by the Public Health Inspectors in 1964:

For general public health purposes	..	3,229
Inspections under the Housing Acts, etc.	..	806
In connection with food and to food premises		2,766
Infectious disease control visits and investigations	.. .. .	71
Prevention of Damage by Pests Act, 1949	..	154
SO ₂ and smoke recordings	..	988
Offices, Shops and Railway Premises Act, 1963	.. .. .	714
Visits for miscellaneous purposes	..	921
		<hr/> 9,649

Food animals inspected at slaughterhouse .. 17,960

FOOD HYGIENE REGULATIONS

Broadly speaking a good standard of hygiene was again maintained in the kitchens and food preparation rooms of our hotels, guest houses and restaurants. The problems of the "trade" remain unchanged. First, a general shortage of qualified staff. Second, the problems associated with the taking on of hundreds of continental students, many of them colourful and enthusiastic but, in the main, ignorant of our standards of hygiene.

The typhoid epidemic in Aberdeen was seized on as an opportunity by our inspectorate. Circulars were prepared and sent out to all food premises, etc.

The number of visits made to food premises was greater than ever before and food hygiene was "put across" to workers from a number of different countries in their own language. The "kitchen floor" is still the best place for the informal but effective hygiene lecture.

During the year a local butcher was fined £5 for smoking and two of our larger hotels received letters of warning *re* conditions. In a few other instances a "good ticking off" brought the desired results.

Food Inspection

1,958 routine and 259 special inspections were made at food premises to ensure adequate protection of supplies. This number of visits was again an increase on previous years. Special attention was directed to the temperature, stock and method of storage in frozen food cabinets. Despite all the information put out by cabinet manufacturers and public health inspectors, many cabinets are misused.

601 samples of food were submitted for chemical or bacteriological examination as part of the programme of ensuring that food of good quality, well wrapped and correctly described, is available to the public.

As for the last 26 years at the slaughterhouse 100 per cent. inspection of carcasses was carried out and for this purpose 550 visits were made to inspect 17,960 animals.

Slaughtering and Inspection of Food Animals

PREMISES

The completion of new road works at the entrance to the Borough's one slaughterhouse has made life easier for personnel and despite the age of the building a good standard of hygiene has been maintained throughout the year.

INSPECTION

To maintain 100 per cent. inspection the number of visits was nearly as many as in the previous year, despite the fact that "kill" figures continue to fall.

The slaughter of cattle, excluding cows, is down by 25 per cent., the slaughter of cows down by 40 per cent., calves down by 40 per cent. and pigs down by 20 per cent. The slaughter of sheep and lambs is up by 21 per cent. This fall in throughput is attributed to the continued high cost of beef cattle and to the high proportion of live animals being exported to the Continent.

Although the "kill" figures themselves are not big enough to be of great significance it is noted that there is a slight rise in the percentage of diseased meat.

Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed	2,030	92	1,866	7,637	6,335	—
Number inspected	2,030	92	1,866	7,637	6,335	—
<i>All diseases except Tuberculosis:</i>						
Whole carcases condemned	—	4	8	25	6	—
Carcases of which some part or organ was condemned	712	50	10	730	534	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ..	35.1	58.7	0.96	9.9	8.5	—
<i>Tuberculosis only:</i>						
Whole carcases condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	25	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.4	—
<i>Cysticercosis:</i>						
Carcases of which some part or organ was condemned	6	—	—			
Carcases submitted to treat- ment by refrigeration ..	6	—	—			
Generalised and totally condemned	—	—	—			

Food Premises

The number of food premises in the Borough falls broadly into the following classifications:

Bakers and Bakers' Shops	.. ..	32
Breweries	.. ..	1
Butchers	.. ..	45
Confectioners (other than flour confections)		78
Dairies	.. ..	7
Delicatessen and Sandwich Shops	.. ..	9
Fish and Fried Fish	.. ..	28
Fruiterers and Greengrocers	.. ..	59
Grocers, Provision and General Stores	.. ..	121
Ice Cream Manufacturers	.. ..	11

Premises where Ice Cream is sold	..	191
Ice Cream Stores	.. ..	3
Meat Products Factories	.. ..	9
Public Houses and Hotels with open bars	..	53
Restaurants, Cafes and Snack Bars	..	128
Slaughterhouses	.. ..	1
Wholesale Manufacturers	.. ..	6
Wholesale Meat Depots	.. ..	2

Premises registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale, totalled 63, comprising:

Butchers' Shops	.. ..	32
Grocers and Provision Stores	.. ..	21
Fried Fish Shops	.. ..	8
Potato Crisps Manufacturers	.. ..	2

Visits and inspections made to food premises, classified as to type, were:

Dairies and Milk Distributors	.. ..	117
Ice Cream Manufacturers	.. ..	92
Ice Cream Retailers	.. ..	145
Bakehouses	.. ..	71
Butchers' Shops and Wholesale Depots	..	320
Meat Products Preparation Premises	..	46
Fish Shops	.. ..	107
Fried Fish Shops	.. ..	52
Other Food Shops and Stores	.. ..	284
Hotel and Restaurant Kitchens	.. ..	701
Slaughterhouses	.. ..	550
Food Samples taken	.. ..	601
Visits in connection with unsound food	..	258

Milk and Dairies Regulations

Eastbourne is a specified area within the meaning of the Milk (Special Designation) (Specified Areas) Order, 1955, and therefore all milk sold in the town must comply with the conditions for treatment and handling prescribed by the regulations for milk sold under the Milk (Special Designation) Regulations. On the 1st October, 1964, the Milk (Special Designation) Regulations, 1963, came into force, under which "Untreated" replaces "Tuberculin Tested" as the special designation for raw milk. Well over 95 per cent. of the milk sold is pasteurised, the balance being made up of untreated milk and a small sale of sterilised milk.

There is one pasteurising establishment in the town, but two firms import milk from Brighton and Bexhill respectively for local sale.

(a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

(i) *The following were registered under these regulations:*

Dairies (premises)	..	..	..	7
Distributors (persons)	..	..	..	113

Of these, one dairy and three distributors were registered only for the sale of cream.

(ii) *Licences granted under these regulations all expire at the end of the five-year period, 31st December, 1965. The following licences are now in force:*

To Pasteurise Milk	..	..	..	1
Dealers' Licences to use the designation "Pasteurised"	..	..	..	110
Dealers' Licences to use the designation "Sterilised"	..	..	..	47
Dealers' Licences to use the designation "Untreated"	..	..	..	4

(b) SAMPLING OF MILK

Milk is sampled and examined broadly for four purposes: to ensure that the composition of the milk is up to the standard required; for testing as to cleanliness, keeping quality and effective pasteurisation; and for the presence of tuberculosis, and a certain number of samples are now subjected to the Penicillin Test.

Samples taken for this purpose with the results of analysis or examination were as shown.

(i) *Chemical Analysis:*

Nine samples were submitted for analysis. The results indicated that the local milk supply was of a good quality. The average fat and non-fat solids was 3.66 per cent. and 8.71 per cent. compared with the prescribed standard of 3 and 8.5 per cent. Penicillin was not found in any of the samples.

(ii) *Bacteriological Examination:*

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised and Tuberculin Tested	109	Phosphatase ..	109	—
(Pasteurised)		Methylene Blue	109	—
Tuberculin Tested (Farm Bottled) Milk and untreated Milk	33	Methylene Blue	32	1
Sterilised	20	Turbidity Test	20	—

A report on the Tuberculin Tested (Farm Bottled) Milk sample which failed the prescribed test was referred to the County Milk Production Officer for attention at the farm.

(iii) *Examination of Milk for the Presence of Tuberculosis:*

In order to regulate the flow of samples, by arrangement with the Public Health Laboratory, samples of ordinary milk on arrival at the dairy and of farm-bottled milk were again taken on a rota system. 39 samples were taken during the year. In 7 cases the guinea pigs inoculated with the samples died within seven days. *M. tuberculosis* was not found in the remaining 32 samples. In one case, *Brucella Abortus*, Type 1, was isolated, and the Divisional Veterinary Officer notified.

(iv) *Penicillin Test:*

92 samples were subjected to the Penicillin Test. One sample of T.T. (Farm Bottled) Milk, was found to contain 0.05 I.U. or more of penicillin or equivalent/ml., and was therefore unsatisfactory and was referred to the Milk Marketing Board.

During the year 56 gallons of milk consigned to a local dairy were rejected and destroyed being from a herd where an animal had died of suspected anthrax.

Manufacture and Sale of Ice Cream

(a) REGISTERED PREMISES

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

(a) Wholesale Manufacturer	..	..	1
(b) Manufacturer and Retail Sale	..	..	10
(c) For the Sale of Ice Cream	..	..	191
(d) For Storage of Ice Cream for the Purpose of Sale	..	..	3

237 visits and inspections were made to these premises, 92 being to manufacturers' premises and 145 to retailers.

(b) BACTERIOLOGICAL EXAMINATION

189 samples were submitted for examination by the Methylene Blue test. The result of this test is indicative of the bacteriological "cleanliness" of the ice cream examined. On this basis the ice cream is graded into one of four grades—Grades 1 and 2 being considered satisfactory and Grades 3 and 4 indicating possible faults in technique of manufacture, storage and service.

As the following will indicate, of the 189 samples examined, 77.7 per cent. were Grades 1 and 2; 45 per cent. being in Grade 1.

Grade	Number
1	85
2	62
3	22
4	20

147
42

The fact that many more samples than usual were taken of loose ice cream from Catering Establishments may account for a slight rise in the number of Grade 3 and 4 samples. These premises produced better results after revisits and resampling.

Unfit Food

The following is a list of foodstuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:

Apples (boxes)	5½	Meat and Offal (lbs.) ..	8,979½
Apples (lbs.)	120	Meat (cans up to 4 lbs.) ..	197
Bisto (pkts.)	1	Meat (cans over 4 lbs.) ..	47
Cake (lbs.)	5	Milk (cans)	25
Cereals (pkts.)	10	Nescafe (cans)	1
Cheese (pkts.)	4	Paste (cans and jars) ..	10
Cherries (jars)	1	Pickles (jars)	21
Cocktail Sausages (jars) ..	24	Pies	63
Cordials (bottles)	4	Potatoes (cwt.)	32½
Crabs (stone)	15	Poultry (cans)	3
Crab and Lobster (cans) ..	9	Poultry (lbs.)	139¾
Cream (cans)	3	Prawns and Shrimps (cans)	5
Egg, frozen (lbs.)	252	Prawns (lbs.)	30½
Escallops (doz.)	5	Rice (cans)	16
Fish (cans)	115	Salad Cream (jars)	1
Fish (stone)	47	Sauce (bottles)	2
Flour (lbs.)	3	Sausages (cans)	14
Frozen Foods (pkts.)	835	Sausages (lbs.)	53½
Fruit (cans)	1,223	Scallops (doz.)	8
Ham (lbs.)	1,440½	Scampi (galls.)	4
Hazlenut Whirls (lbs.) ..	2	Shrimp and Crab Salads (cans)	51
Honey (lbs.)	3	Soup (cans)	308
Horlicks (jars)	1	Sponge Mixture (pkts.) ..	1
Ice Lollies	24	Suct (pkts.)	23
Jam and Marmalade (lbs.) ..	60	Tea (oz.)	8
Lobsters	4	Tomato Paste (tubes) ..	12
Macaroni (cans)	1	Vegetables (cans)	785

258 inspections were made in connection with the above unsound food.

Most of this foodstuff was dealt with in small quantities and was disposed of by burning at the refuse destructor.

Unfit meat from butchers' shops and wholesale stores is disposed of under suitable safeguards for sterilisation and processing into animal foodstuffs, etc.

The Aberdeen outbreak was in no small measure responsible for an increased call on the inspectors' time to examine tinned foods. A special visit to issue a "ticket" and arrange for disposal of surrendered food is sometimes felt to be a "time" consumer. Such visits, however, have been used to chat on stock rotation and coding of foods with a short shelf life.

Sampling of Food and Drugs

Two half-yearly reports and reviews of sampling were received from the Public Analyst. For these we were most grateful, and there has been close liaison with the Public Analyst and a more careful

selection of samples for analysis. The result has been a higher number of unsatisfactory samples.

Eight formal and 137 informal samples were submitted to the Public Analyst, of which 16 informal samples and 1 formal were found to be unsatisfactory.

The following are particulars of samples which the Public Analyst reported as being unsatisfactory. In each case the matter was taken up with the manufacturer or vendor.

ALUMINIUM HYDROXIDE TABLETS

Deficient in aluminium oxide $33\frac{1}{3}$ per cent. and the diameter of each tablet less than required by the British Pharmacopoeia.

AMMONIATED TINCTURE OF QUININE

Deficient in ammonia 29 per cent. compared with the minimum limit of the British Pharmaceutical Codex.

COFFEE BEANS, PARTIALLY GROUND

Contained siliceous rocky and earthy matter amounting to 3.6 per cent. by weight in the whole sample.

ACTON TABLETS

Expressed on the aspirin content of the tablets the free salicylic acid content was five times the maximum allowed for B.P. soluble aspirin tablets.

CHEESE CAMEMBERT

Consisted of a full cream milk cheese produced in the Republic of Ireland, the texture and taste of which was markedly different from the genuine Camembert Cheese produced in the Normandy region of France.

GLYCERINE, LEMON AND HONEY

The sample consisted of a medicament, the chief ingredient of which was sugar, present to the extent of 20 per cent. together with smaller proportions of honey, glycerine and other ingredients including oil of lemon.

MEAT PIES

Deficient in meat content.

NOCOLD

The sample contained free salicylic acid to the extent of more than ten times the maximum B.P. allowance based on the content of acetylsalicylic acid.

SEIDLITZ POWDER B.P.C. EXTRA STRONG

The article is no longer official under the B.P.C. and should not have been described as such. Compared with double strength Seidlitz Powder of the B.P.C. the weight of the No. 1 powder was deficient.

YEAST TABLETS

Contained only a trace of Vitamin B₁₂ instead of the 0.5 microgram in each tablet as claimed.

BABY POWDER

Deficient in Boric Acid 9 per cent. compared with the amount stated to be present.

CHICKEN IN JELLY MINCED

Deficient in meat content.

GOLDEN EAR DROPS

Deficient in chloroform to the extent of 93 per cent. compared with the amount stated to be present on the label.

GOLDEN EAR DROPS (FORMAL)

Deficient in chloroform 93 per cent. compared with the amount stated to be present on the label.

BLACKCURRANT SYRUP

The sample did not comply with Section 9 (2) of the Labelling of Food Order, 1953.

CHEESE

The article did not consist of a cheese but of a cheese preparation. The label did not comply with the requirements of the Labelling of Food Order, 1953.

CHEESE SPREAD

Deficient in milk fat.

Action Taken in Respect of other Unsatisfactory Food

SAUSAGE ROLL UNFIT FOR HUMAN CONSUMPTION

Warning letter sent.

PIE SOLD IN MOULDY CONDITION

Vendor prosecuted and fined £10.

Bacteriological Sampling

Sixteen samples of cream and cream products from local factories were taken for examination and were returned as satisfactory.

The Liquid Egg (Pasteurisation) Regulations, 1963

There are no pasteurisation plants in the area and no samples have been taken.

Merchandise Marks Act, 1926 and Merchandise Marks (Impaired Goods) Orders

During the course of their duties in food shops and other premises the public health inspectors administered the provisions of the above Act. Particular attention was given to impaired apples, cucumbers and tomatoes and shopkeepers were advised and warned if the labelling was improper or inadequate.

HOUSING

Fourteen individually unfit houses and one case of an unfit part of a house were dealt with during the year.

Improvement Grant applications continue steadily but slower than one would wish. High interest rates have made people shy of borrowing. Nevertheless, there is a fair movement on the property market. In 2,562 instances, the Inspectors have answered questions concerning the expectation of life and outstanding repair notices on dwelling houses which were changing ownership. In this connection also, 67 visits were made.

It is getting steadily harder to make a decision on the "expected life" of an individual property. More and more landlords are selling to sitting tenants and the tendency to this end will increase. Consequently in any "area" there is a larger number than formerly of owner-occupiers. These new owner/occupiers will resist "clearance" but find it difficult to raise money to improve their property. Given such an area there are always two possibilities—to raise the standard of all houses within the area or declare a "clearance area" and redevelop. Unfortunately, the "Redevelopment Area" proposals of the 1964 Housing Act are cumbersome and time consuming. In a borough such as this, however, more than the usual number of people are prepared to retire and to spend considerable sums of money on property "not capable of repair at reasonable cost".

It is necessary, therefore, to give careful thought to the expected life of every property up for grant application and in addition not to be in too big a hurry to turn a Closing Order into a Demolition Order.

The bulk of the grant applications being received are in the area which was the subject of a pilot survey two years ago. The area is beginning to show signs of having had a "face-lift".

In the course of the year 29 visits were made in connection with verminous premises—mostly fleas. Advice was also given to a number of householders on treatment against cockroaches.

The inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Act) ..	295
Dwelling Houses (Public Health Act) ..	108
Revisits	445

Housing Report

The table which follows gives the totals of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1964.

Houses in Clearance Areas and Unfit Houses Elsewhere

A. HOUSES DEMOLISHED DURING THE YEAR

	<i>Number of Houses Demolished</i>	<i>Displaced during Period</i>	
		<i>Persons</i>	<i>Families</i>
<i>In Clearance Areas declared under Section 42 of the Housing Act, 1957</i>			
Houses unfit for human habitation	—	—	—
Houses included by reason of bad arrangement, etc.	—	—	—
Houses on land acquired under Section 43 (2), Housing Act, 1957	—	—	—
<i>Not in Clearance Areas—</i>			
As a result of formal or informal procedure under Section 16 or Section 17 (1), Housing Act, 1957	4	—	—
Local Authority owned houses certified unfit by the Medical Officer of Health	—	—	—
Houses unfit for human habitation where action has been taken under local Acts	—	—	—
Unfit houses included in Unfitness Orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959	—	—	—
From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1), Housing Act, 1957 ..	—	4	3
From Local Authority owned houses certified unfit by the Medical Officer of Health ..	—	—	—
From houses unfit for human habitation where action has been taken under local Acts ..	—	—	—
From houses included in Unfitness Orders	—	—	—
Number of dwellings included in above which were previously reported as closed	—	—	—

B. UNFIT HOUSES CLOSED DURING THE YEAR

Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957 and Section 26, Housing Act, 1961	2	6	2
Under Sections 17 (3), and 26, Housing Act, 1957	—	—	—
Parts of buildings closed under Section 18, Housing Act, 1957	2	—	—

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	<i>By Owner</i>	<i>By Local Authority</i>
After informal action by Local Authority	54	—
After formal notice under Public Health Acts	6	—
After formal notice under Sections 9 and 16, Housing Act, 1957	2	3
Under Section 24, Housing Act, 1957	—	—

D. UNFIT HOUSES IN TEMPORARY USE (HOUSING ACT, 1957)

	<i>Number of houses</i>	<i>Number of separate dwellings contained therein</i>
<i>Position at end of year—</i>		
Retained for temporary accommodation:		
Under Section 48	—	—
Under Section 17 (2)	1	1
Under Section 46	—	—
Licensed for temporary accommodation:		
Under Section 34 or 53	—	—

E. PURCHASE OF HOUSES BY AGREEMENT

	<i>Number of houses</i>	<i>Number of occupants</i>
Houses in Clearance Areas other than those included in confirmed orders or compulsory purchase orders	—	—

Improvement Grants

105 applications for Standard Grants were received, as against 133 last year. Of this figure, 104 included the provision of a bath and/or hot water supply. There were 21 applications for Discretionary Grants, as against 23 last year, of which only one was not approved.

The 20 Discretionary Grant applications approved were:

Alterations and additions to house the Standard Grant facilities where this could not be done within the maximum sum for these grants	19
Conversion of house into two self-contained flats	1

In all, 202 plans for bathrooms and hot water were approved under Bye-law provision. As will be seen from this, many owners prefer not to accept the grant.

Rent Act, 1957—Certificates of Disrepair

Application, etc., dealt with in 1964 were:

Applications for Certificates	2
Decisions not to issue Certificates	—
Decisions to issue Certificates	2
Undertakings given by landlords under paragraph 5 of the First Schedule	—
Certificates issued	2
Applications by landlords for cancellation of Certificates	—
Objections by tenants to cancellation of Certificates	—
Certificates cancelled	—

GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated	428
Schools	63
Camping Sites and Moveable Dwellings	111
Places of Public Entertainment	9
Public Baths	166
Drainage and Plumbing Works	1,154
Land Charges Enquiries	67
Stables and Piggeries	38
Smoke Observations and SO ₂ Smoke Recordings	1,045
Factories	199
Workplaces	11
Outworkers' Premises	10
Offices, Shops and Railway Premises Act	714
Shops (Section 38, Shops Act, 1950)	53
Departmental Properties	177
Revisits	686
Infectious Disease Investigations	71
Miscellaneous Visits	921

Statutory Notices under the Public Health Act, 1936

Most owners of property comply with the requirements of informal notices, but it was necessary to serve the following formal notices:

Section 17—To remedy stopped up drain ..	1
Section 93—To abate nuisances ..	9

In eight cases the work required was carried out by the persons on whom the notices were served, and in one case the work was still in progress at the end of the year. In the case of the notice served under Section 17, the work was carried out by the Council in default.

Caravan Sites and Control of Development Act, 1960

Two new sites were licensed during the year, the total in the Borough at the end of the year being 324 vans on seven sites. All these sites comply with the requirements of the Act.

Shops Act, 1960

Fifty-three inspections of shops were carried out in connection with the health and welfare provisions of the Shops Act, 1960. The general standard of hygiene and cleanliness was good.

Rag Flock and Other Filling Materials Act, 1951

There were six premises registered by the Local Authority under the provisions of this Act and frequent inspections were made to these premises to ensure that the provisions as to cleanliness of materials and bedding were complied with.

Pet Animals Act, 1951

Eight applications for licences to keep pet shops were received during the year, all of which were granted.

Animal Boarding Establishments Act, 1963

One application for licence to keep an animal boarding establishment was received during the year and a licence granted.

Fertilisers and Feeding Stuffs Act, 1926

Two samples were taken, both of which were satisfactory.

Clean Air Act, 1956

Under Section 10 of the Act, plans were received for the erection of 22 chimneys at 12 premises. Regard was taken of the memorandum on chimney heights and close collaboration was maintained with the Borough Surveyor's Department. Consultation with the heating engineers has ensured that the trend continued towards the use of low viscosity oil or gas.

Problems related to refuse disposal resulted in an increase in the number of complaints concerning garden bonfires and it had to be

pointed out that in persistent cases this was largely a matter for civil action.

There were two complaints of grit emission from our small Electricity Generating Station which although due to come down has had to stay because of the difficulty and slowness of extending the grid system. Grit arrestors and baffles have been incorporated in the plant and an oil booster is to be provided to assist this hard-worked plant.

National Survey of Air Pollution

Except for Sundays, daily visits have been maintained to the three stations where Smoke and SO₂ machines are installed. There is little change in the general pattern which still tends to show that the domestic fire is the chief source of air pollution.

Noise Abatement Act, 1960

A comparatively small number of complaints were received and in most cases a commonsense approach achieved results. The uncoupling of heavy British Road Service vehicles, arriving at all hours throughout the night, is very much a problem as the Depot is in close proximity not only to residents, but also to an ambulance depot staffed by voluntary workers who get what sleep they are able. The Management have been co-operative and circulars have gone to all depots sending vehicles to the Borough, asking for care to be taken.

Offices, Shops and Railway Premises Act, 1963

This new piece of legislation requiring premises to be registered from May, 1964, and with provisions relating to health, safety and welfare coming into operation on 1st August, 1964, was deemed to be within the province of the Public Health Inspectors. All the Public Health Inspectors were appointed authorised officers, as was a new Technical Assistant. Close co-operation with the Chief Fire Officer and his staff and with H.M. Inspector of Factories ensued. It was thought that about 2,000 premises might need to be registered. A system was set up to ensure the smooth flow of information to all concerned and to speedily deal with O.S.R.1 registration forms. Basic information was disseminated by means of stencilled leaflets and it was pointed out, for example, that food premises required under the Food Hygiene Regulations a couple of additional items in their first aid kit to that asked for under this new legislation.

An early start was made on inspections and an effort made to cover all types and sizes of premises, in order to encounter as soon as possible any snags. The early problems of demarcation began to resolve themselves as a result of the spate of most useful information received from the Ministry of Labour and H.M. Inspectors of Factories, and Public Health Inspectors not only worked closer together than ever before, but became more appreciative of each others jobs.

By the end of the year 935 premises had been registered and of these 254 had been inspected.

The figures for contraventions have not been broken down for the few months of this first year's work as they would be unrealistic. As might be expected, many premises were without first aid kits and thermometers, and in some cases these were sent for and provided before the inspector left the premises. Next year's break down figures should provide true statistical data.

The department was made responsible for advising the Local Authority Departments of their responsibilities under the Act and visits were made to schools, etc., to advise.

Several meetings were also held with trade organisations to enable the working of the Act to be explained to management and their staffs.

Dealing with guards on machinery and reporting on accidents was, of course, a new experience to the inspectors. They found they had much to learn and were again grateful for help from colleagues of H.M. Factory Inspectorate and for the printed word issued by the Ministry of Labour.

In the period August to December, five minor accidents were reported and investigated.

The following is the return submitted to the Minister of Labour under Section 60 of the Act in respect of the period from 1st August to 31st December, 1964:

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices	257	256	62
Retail shops	539	537	174
Wholesale shops, warehouses ..	38	38	2
Catering establishments open to the public, canteens ..	99	99	16
Fuel storage depots	2	2	—
TOTALS	935	932	254

TABLE B

Number of visits of all kinds by Inspectors to registered premises 714

TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES
BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>
Offices	3,054
Retail shops	3,286
Wholesale departments, warehouses ..	600
Catering establishments open to the public	1,294
Canteens	58
Fuel storage depots	2
TOTAL	8,294
Total Males	3,861
Total Females	4,433

TABLE D—EXEMPTIONS—Nil.

TABLE E—PROSECUTIONS—Nil.

TABLE F—INSPECTORS

Number of inspectors appointed under Section 52 (1) or (5) of the Act	7
Number of other staff employed for most of their time on work in connection with the Act	—

FACTORIES ACT, 1961

1. Inspections for Purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	52	48	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	259	119	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	43	32	—	—
TOTAL	354	199	—	—

2. Cases in which Defects were Found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	3	3	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ..	2	1	—	1	—
(b) Unsuitable or defective ..	5	4	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	1	—	—	—	—
TOTAL ..	12	9	—	2	—

Part VIII of the Act—Outwork

SECTIONS 133 AND 134

<i>Class of Work</i>		<i>Section 133</i>		
		<i>No. of Outworkers in August list required by Section 133</i>	<i>No. of cases of default in sending list to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel .. ..	..	23	—	—
Lace, lace curtains and nets	}	15	—	—
Curtains and furniture hangings				
Furniture and upholstery ..	..	2	—	—
TOTAL .. ..	..	40	—	—

SECTION 134

There were no instances found of work being done by outworkers in unwholesome premises.

RODENT CONTROL

(a) Surface Control

During the year our Rodent Operative received initial training at the office with the help of the Ministry of Agriculture and Fisheries staff. This operative later attended a recognised training course. This is reflected in the tabulated summary of work showing over a thousand more visits than the previous year and twice the number of block control schemes carried out. Inevitably the number of individual complaints has started to drop.

A tabulated summary of the work follows:

	<i>Type of Property</i>				
	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>All other (including business premises)</i>	<i>Total of Cols. (1) (2) and (3)</i>	<i>Agricultural</i>
	(1)	(2)	(3)	(4)	(5)
I. Number of properties inspected as a result of complaint	13	238	30	281	1
Number of such properties found to be infested by:					
Rats (a) Minor ..	5	155	13	173	—
(b) Major ..	3	4	—	7	—
Mice (a) Minor ..	4	79	17	100	—
(b) Major ..	—	—	—	—	—
II. Number of properties inspected in the course of survey under the Act ..	—	349	—	349	—
Number of such properties found to be infested by: ..					
Rats (a) Minor ..	—	56	—	56	—
(b) Major ..	—	2	—	2	—
Mice (a) Minor ..	—	3	—	3	—
(b) Major ..	—	—	—	—	—
III. Treated by Operators	13	299	30	342	2
IV. Visits for all purposes	143	3,638	330	4,111	—

Number of block control schemes carried out—37.

(b) Sewer Baiting

Twice during the year test baits were laid in about 10 per cent. of the sewer manholes. In view of the Borough Surveyor's labour problem we were most grateful for his help in this respect. Despite last year's skimpy sewer treatment there appeared to be no back log and complete takes were considerably reduced. The method used was as formerly, oatmeal and warfarin.

SECTION F

MISCELLANEOUS

Nursing Homes
Nursing Agencies
Nurseries and Child Minders
Children Act, 1948
Staff Medical Examinations
Midwives Act, 1951
Meteorology

NURSING HOMES ACT AND REGULATIONS

The relevant section of the Public Health Act with regard to registration and inspection of Nursing Homes continued to be administered by the Council and authorised officers of this Department.

The Nursing Homes Act, 1963, became operative in May and the ensuing Regulations on 27th August, 1963. These provide, amongst other matters, for adequate and competent staffing, adequate space, furnishing and nursing equipment together with sufficient sanitary and washing facilities, light, heating and ventilation. To provide guidance to the Managers of Nursing Homes, recommended standards have been prepared which it is expected that they will endeavour to provide and maintain.

The Council as Registration Authority now has considerable powers of supervision to ensure that Nursing Homes meet and maintain the required standards.

At the end of the year eighteen Nursing Homes were registered providing a total of 290 beds. There was one new registration during the year.

NURSES AGENCIES ACT, 1957

One licence in respect of an existing Agency was renewed. The records of the Agency were satisfactory on inspection by an authorised member of the staff of the Department.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Four premises where children are received to be looked after for the day, or a substantial part of the day, or for any longer period not exceeding six days were registered under this Act. Two new registrations provide for the casual care of up to seventy children.

At the end of the year five persons remained registered as Child Minders providing for forty-nine children.

There are many unregistered minders taking one or two children daily and the increase in registrations reflects the increasing demand for female employment in the area.

CHILDREN ACT, 1948

The Medical staff of the Department were responsible for the statutory medical care of all children in the Council's residential homes.

Dental inspection of the children was carried out in the Homes by the Chief Dental Officer and any necessary treatment was provided without delay through the School Dental Service, or, in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

STAFF MEDICAL EXAMINATIONS

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination. Only in those cases which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of Medical Examinations made:

Sick Pay	..	..	..	48
Superannuation	..	..	..	21
				—
				69
				—

Number of Medical Statements scrutinised . . . 379

In addition to the above, thirty-two examinations were carried out on candidates for admission to training colleges. There were also eleven sessions at Chelsea Training College and three at Eastbourne Training College, for medical inspection.

MIDWIVES ACT, 1951

The Local Health Authority is the Local Supervising Authority for the purpose of the Midwives Act, 1951.

During the year thirty-one midwives notified their intention to practise, of whom four were in the Council's Domiciliary Midwifery Service, and twenty-seven employed in the Hospital Service.

METEOROLOGY

Borough Meteorologist: W. L. PECK

Nineteen hundred and sixty-four was very much an "average year" weatherwise. The average mean temperature for the year was 50·6° F. which is the same as the seventy-two year average. Sunshine was 38 hours below average and rainfall 1·24 inches above average.

January and February produced mild and generally dry conditions throughout the whole period, in striking contrast to the severe cold conditions which occurred in the corresponding period of 1963. During the first ten days of March cold north to easterly winds occurred followed by a week of heavy rain which resulted in the monthly average being more than doubled.

Except for a sunny spell from 5th to 11th April, the month was generally cloudy, with most of the month's rainfall falling during the third week. May was not marked by any outstanding feature good or bad, the sunny, dull and wet days being evenly interspersed throughout the month.

June proved to be the most disappointing of the summer months, being the dullest, coldest and wettest. July produced only average sunshine but was the warmest since the excellent summer of 1959 and for the latter half of the month these warm conditions were accentuated by the lack of strong breezes. These quiet conditions combined with below average rainfall were to continue throughout August and September and were the main factors in producing what was generally generally accepted as a good summer.

A brief fine and warm spell for the first four days of October was followed by ten days of unsettled and mainly wet conditions, including the highest daily rainfall ever recorded for the month 1.97 inches on the 14th October. The latter half of the month remained dry and mainly sunny.

Mild conditions prevailed throughout November with most of the month's rainfall of 4.09 inches, accompanied by high winds and gales occurring between the 11th and 18th of the month. December produced the coldest conditions of the year during the last week of the month, after mild and mainly wet conditions of the first half of the month.

Summary of Observations

AIR PRESSURE (MEAN SEA LEVEL)

Daily average:

9 a.m.	..	..	..	..	30.080 inches
9 p.m.	..	..	..	..	30.079 ,,

AIR TEMPERATURE

Daily average:

Maximum	..	..	..	..	55.2 degrees
Minimum	..	..	..	..	45.9 ,,
Combined	..	..	..	..	50.6 ,,
Range	..	..	..	..	9.3 ,,
At 9 a.m.	..	..	..	..	51.0 ,,
At 9 p.m.	..	..	..	..	50.1 ,,
Warmest day: 26th August	..	..	..	..	78.0 ,,
Warmest night: 2nd August	..	..	..	..	64.0 ,,
Coldest days: 12th January, 19th February, and 25th December	..	..	..	..	35.0 ,,
Coldest night: 29th December	..	..	..	..	23.0 ,,

SUNSHINE

Total	..	..	..	..	1774·2 hours
Daily Average	..	..	..	..	4·85 „

RAINFALL

Total	..	..	..	..	32·81 inches
“Rain” Days	..	..	..	..	147

HUMIDITY

Daily Average:

9 a.m.	..	..	..	..	84 per cent.
9 p.m.	..	..	..	..	86 „

WINDS

Percentage of 9 a.m., 6 p.m. and 9 p.m. observations:

<i>Direction</i>					<i>Percentage</i>
N.	..	..	..	..	14·03
N.E.	..	..	..	..	7·56
E.	..	..	..	..	7·10
S.E.	..	..	..	..	8·29
S.	..	..	..	..	7·38
S.W.	..	..	..	..	7·56
W.	..	..	..	..	29·33
N.W.	..	..	..	..	15·57
Calm	..	..	..	..	3·18
Prevailing Winds	..	..	..	..	West
Snow and Sleet recorded on	..	..	..	..	1 day
Thunderstorms recorded on	..	..	..	..	9 days
Fog (9 a.m.) recorded on	..	..	..	..	— „
Gales recorded on	..	..	..	..	6 „
Air Frost recorded during	..	..	..	..	26 „
Ground Frost recorded during	..	..	..	..	58 nights

SUNSHINE

The position of the resorts in southern districts were as follows:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	EASTBOURNE	1774·2
2	Bognor	1754·1
3	Littlehampton	1746·4
4	Worthing	1743·0
5	Weymouth	1729·5
6	Hayling Island	1725·5
7	Folkestone	1721·9
8	Bournemouth	1720·4
9	Hastings	1716·7
14	Margate	1687·8
15	Swanage	1671·3
16	Torquay	1664·4
18	Bexhill	1660·2
19	Brighton	1655·9
30	Southsca	1619·8
49	Ilfracombe	1576·1

Monthly Averages for 72-Year Period, 1888 to 1964
(Excluding War Years—1942-46 no observations)

Month		Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
		Means of			High-est re-corded	Low-est re-corded		Total hours	Daily hours	Inches	'Rain' Days
		Maxi-mum	Mini-mum	Max. and Min. Com-bined							
January	..	45.2	36.6	40.9	56 1922, 1923	12 1940	42.4	62.4	2.01	2.99	16
February	..	45.1	36.4	40.7	58 1897	15 1929 1947 1956	41.1	83.6	2.99	2.23	14
March	..	48.3	38.1	43.2	66 1929	18 1909	42.7	136.9	4.42	2.21	13
April	..	52.9	41.5	47.2	72 1924	27 1922	46.9	178.8	5.96	1.93	13
May	..	59.0	47.0	53.0	78 1922	32 1935, 1941	52.9	235.1	7.58	1.69	11
June	..	63.9	52.1	58.0	86 1957	38 1962	58.6	239.4	7.72	1.81	11
July	..	67.2	56.0	61.6	90 1911	43 1919	62.6	235.7	7.60	2.25	11
August	..	67.6	56.3	62.0	86 1947	41 1907	63.8	217.7	7.02	2.63	13
September	..	64.6	53.0	58.8	82 1929	37 1919	61.4	174.2	5.81	2.47	12
October	..	58.2	47.4	52.8	71 1921	28 1931	55.9	123.2	3.97	3.86	16
November	..	51.3	42.1	46.7	63 1927	25 1923	49.9	70.7	2.36	3.89	16
December	..	46.9	38.7	42.8	59 1907	17 1908	45.3	54.5	1.76	3.61	17
Year	..	55.8	45.4	50.6	90	12	52.0	1812.2	4.96	31.57	163

Monthly Averages, 1964

Month	Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of			High- est	Low- est		Total hours	Daily hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	42.9	35.9	39.4	49	25	41.3	37.0	1.19	1.32	11
February ..	44.3	37.9	41.4	52	30	41.0	73.9	2.55	1.48	12
March ..	44.0	37.2	40.7	52	29	40.2	74.3	2.40	4.89	12
April ..	51.3	42.5	46.9	57	32	45.4	169.5	5.65	2.99	15
May ..	60.7	50.2	55.5	69	44	53.9	232.4	7.50	3.29	13
June ..	63.0	53.3	58.1	71	43	58.9	223.9	7.46	3.36	13
July ..	67.5	57.3	62.4	75	48	62.9	244.0	7.78	1.37	10
August ..	68.4	57.3	62.9	78	49	64.2	224.1	7.23	1.72	11
September ..	66.2	54.6	60.4	72	45	61.9	233.9	7.80	1.35	9
October ..	56.3	44.5	50.4	67	35	54.9	152.6	4.92	3.96	9
November ..	52.2	44.2	48.2	57	30	50.1	65.9	2.20	4.09	17
December ..	45.5	36.5	41.0	55	23	45.4	42.7	1.38	2.99	15
Year ..	55.2	45.9	50.6	78	23	51.7	1774.2	4.85	32.81	147

1964 Monthly Variations from Averages

		<i>Maximum</i> ° F.	<i>Minimum</i> ° F.	<i>Sea</i> ° F.	<i>Sunshine</i> Hours	<i>Rainfall</i> Inches
January	..	-2.3	-0.7	-1.1	-25.4	-1.67
February	..	-0.8	+1.5	-0.1	-9.7	-0.75
March	..	-4.3	-0.9	-2.5	-62.6	+2.68
April	..	-1.6	+1.0	-1.5	-9.3	+1.06
May	..	+1.7	+3.2	+1.0	-2.7	+1.60
June	..	-0.9	+1.2	+0.3	-15.5	+1.55
July	..	+0.3	+1.3	+0.3	+8.3	-0.88
August	..	+0.8	+1.0	+0.4	+6.4	-0.91
September	..	+1.6	+1.6	+0.5	+59.7	-1.12
October	..	-1.9	-2.9	-1.0	+29.4	+0.10
November	..	+0.9	+2.1	+0.2	-4.8	+0.20
December	..	-1.4	-2.2	+0.1	-11.8	-0.62
Year	..	-0.6	+0.5	-0.3	-38.0	+1.24

SCHOOL HEALTH SERVICE

CONTENTS

1. Statistics
2. School Hygiene
3. Medical Inspection
4. Work of the School Nurses
5. Arrangements for Treatment
6. Child Guidance Service
7. Handicapped Children
8. Special Tuition
9. Dental Clinic
10. Families with Difficulties and Problems
11. Juvenile Crime
12. Employment of Children
13. Provision of Clothing
14. School Meals and Milk
15. Notification of Infectious Disease
16. Tuberculosis
17. Vaccination and Immunisation
18. Deaths of Schoolchildren
19. Training Colleges
20. Co-ordination Committee Report

SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT
AVENUE HOUSE
EASTBOURNE

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

The health of Eastbourne's schoolchildren has remained very satisfactory, and the hygienic conditions of the schools adequate; in most cases excellent. Routine medical examination of 1,314 children produced only six whose general condition of health was unsatisfactory.

Whilst full medical examinations are still necessary, most of the work of the School Health Service is now concerned with screening tests of various sorts to detect abnormalities, and the supervision and help of children so discovered. Audiometric hearing tests are now carried out before the initial medical examination, and vision has long been tested every year. The Physical Education surveys carried out on four selected age groups each year are valuable in discovering "activity shy" children and in promoting personal contact between class teacher and School Doctor. Both parents and schools have realised that the service is just as concerned with emotional problems as with physical ones, and they are not ashamed to consult the School Doctor or Nurse about such matters.

Children with physical, intellectual or educational handicaps form an important part of the work, and no longer can the School Doctor rely on his or her skill alone in deciding on appropriate educational treatment. In nearly all cases the help of the full time Educational Psychologist is sought, while in the more difficult cases, the Family Doctor's intimate knowledge of the home, together with the combined skills of Hospital Paediatrician and Audiometrician, or even the specialised assessment panels run by the Spastics' Society, the Audiology unit in London, or the Belmont Hospital at Sutton is sought. All these investigations are helpful to the School Doctor, but they are no substitute for the personal interest and attention which I am satisfied is being given by my staff to all handicapped children and their parents, and for which the majority of parents are very grateful.

Diagnosis and treatment of defects not covered by the Family Doctor or the Hospital Service include child guidance, remedial teaching by the Educational Psychologist (for children with specific learning disabilities), help for partially hearing children and speech therapy. In all these forms of treatment a one-to-one relationship obtains, and I am convinced that a part of the remedial process is the intercommunication of the mature personality of the therapist with the less mature one of the child. The way that some very backward children at the Lindfield School start to concentrate and to make general educational progress when they are started on speech therapy bears this out.

Health Education, which provides the individual with the knowledge and skills he needs to solve his own health problems, has taken an increasing amount of staff time. The Department has, however, been able to meet every request for help received from the schools.

I desire to renew my thanks to the Chairman and members of the Education Committee for their sustained interest and support during the year. My thanks are also due to the Chief Education Officer for his co-operation and understanding on all those many matters where medical and educational interests overlap. To my Deputy Dr. Wigfield, I am grateful for his continued assistance in maintaining efficiently the day to day management of much of the detailed work of the School Health Service.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,
Principal School Medical Officer.

EDUCATION COMMITTEE

(as constituted at 31st December, 1964)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR W. P. LEBBON

Deputy Chairman:

COUNCILLOR C. H. LACEY

Aldermen:

MISS G. L. PARKER, M.B.E.
S. M. CAFFYN, C.B.E.

Councillors:

J. A. BACON
G. A. BOSLEY
A. G. BANFIELD
S. W. E. BOUGHTON
L. J. CAINE
W. J. EVENDEN
J. DOBSON
MRS. F. M. LLEWELLYN
F. A. POPE
R. F. AKEHURST

Co-opted Members:

REV. CANON W. W. S.
MARCH
REV. T. J. LYNCH
REV. J. P. VEALL
MR. J. W. BALL
PROFESSOR H. BERRY
MRS. I. A. SNELL

SCHOOL HEALTH SERVICES

(a) Full-time Officers

Principal School Medical Officer:

K. O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer:

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Senior School Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B., D.P.H., C.R.P.

School Medical Officers (Part-time):

MARGARET B. PARKER, M.B., Ch.B., D.P.H.
MOIRA JEAN MARTENS, M.B., B.Ch., D.C.H.
THOMAS GARDNER, L.M.S.S.A.
JANE LODWICK, M.B., B.Chir.

Principal School Dental Officer:

MAURICE G. BERRY, L.D.S., R.C.S.

School Dental Officer:

J. W. MARTIN, L.D.S.

Superintendent Health Visitor:

MRS. S. M. JAMES, S.R.N., H.V.Cert.

Health Visitors/School Nurses:

MISS J. V. M. BERK, S.R.N., H.V.Cert.
MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert.
MISS E. L. CLARKE, S.R.N., H.V.Cert.
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.
MISS M. G. HEMMING, S.R.N., H.V.Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS N. MOSS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V.Cert.

Clinic Assistant:

MRS. J. NETHERCOTT

Speech Therapist:

MRS. K. HANSFORD, L.C.S.T.

Clerical Staff:

MISS B. DOUCH (*Senior*)
MISS S. E. BROCKHURST (*to 21st August, 1964*)
MISS M. J. BIGNAL (*from 19th August, 1964*)
MRS. G. M. MORRIS

Dental Surgery Assistants:

MRS. D. BARKER
MISS K. J. FARRINGTON (*from 13th January, 1964*)
MISS K. A. LAMBERT

Dental Anaesthetist:

DR. B. H. GRANT

Child Guidance and School Psychological Service:

MISS M. P. LOGG, B.A., Dip. Psych., A.B.Ps.S., Educational Psychologist
MISS S. D. LEA, S.Sc.Dip., Social Worker
MRS. M. HOOK, Clerk (*from 13th January, 1964*)

**Officers attending Clinics by arrangement with the
South-Eastern Metropolitan Regional Hospital Board**

Consultant Orthodontic Surgeon:

D. A. PLINT, F.D.S., D.Orth.

Psychiatrist:

HUGH V. W. ELWELL, M.A., L.R.C.P., M.R.C.S., D.P.M.

CLINICS

The various Clinics were held as follows:

Speech Therapy

Acacia Villa	..	..	..	Friday, a.m.
Avenue House	..	..	..	Monday and Tuesday, 9.15 a.m., Thursday, 2.15 p.m. to 7 p.m.
Hampden Park Infants' School	..	..	..	Weekly sessions
The Downs School	..	..	..	Weekly sessions
The Lindfield School	..	..	..	Weekly sessions
Occupation Centre	..	..	..	Weekly sessions
Princess Alice Hospital	..	..	..	Weekly sessions

Child Guidance

Avenue House	..	..	..	Wednesday, 10 a.m. to 8 p.m., and
Psychiatrist				alternate Fridays, 10 a.m. to 1
				p.m.
Educational Psychologist		..	..	Wednesday, 10 a.m. to 8 p.m.
				Fridays and alternate Mondays
				10 a.m. to 5 p.m.

Ophthalmic

Princess Alice Hospital	..	..	..	Special sessions fortnightly, Friday,
				9.30 a.m.

Dental

Avenue House	..	..	..	Daily, 9 a.m. and 2 p.m.
Anaesthetic sessions	..	..	..	Monday and Friday, 9.30 a.m.

Chiropody

District clinics as and when required

Remedial Exercises (during school term)

Avenue House	Friday mornings, 9 to 10 a.m.
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Obesity

Avenue House	Tuesday, 4.30 p.m.
--------------	----	----	----	--------------------

1. STATISTICS

The number of children on the school registers on re-opening in January was 6,533 and 6,431 by the end of the year. There were 1,051 children admitted during the year and the net increase compared with the end of 1963 was 37.

The average attendance of children for the year was 6,118, a percentage of 93.7.

TOTAL NUMBER OF CHILDREN

At Primary Schools	..	..	..	..	3,501
At Secondary Schools, including Grammar Schools					2,820
At Special Schools	..	..	..	..	110
Total					6,431

INDEPENDENT SCHOOLS

The number of children attending day and residential schools at end of the year was 1,866.

2. SCHOOL HYGIENE

(a) *Environment*

It is a commendable reflection on the responsible staff of the schools and of the associated canteens that a consistently high standard of hygiene has been observed by the medical staff and public health inspectors during their visits. The staff of the school meals service are well supervised and fully conscious of their duty to provide not only a satisfactory dietary but one that is safe and free from the causative organisms of food poisoning.

(b) *Personal Hygiene*

Selective inspections totalling 8,828 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice has decreased to 11 during the year. Prophylactic use of a gammexane shampoo at fortnightly intervals is used in difficult cases.

(c) *Health Education*

The demand from schools has continued. Talks have been given, group discussions made and films shown in 4 of the 6 Secondary Schools, 6 of the Junior Schools and the Lindfield School. Topics have included "Healthy Living", "Growing Up", "Personal Relationships" and "Smoking". Special attention has been paid to smoking in the Junior Schools and younger classes at Secondary Schools (given at the age of 14, this information comes too late). The pre-nursing course at the Cavendish School and a mothercraft class for school children have also been held during the year. It appears that the work will continue, and if the teaching of first-aid and the new course on personal relationships in the Duke of Edinburgh Award Scheme are developed, this will increase the demand on staff time.

3. MEDICAL INSPECTIONS AND CONSULTATIONS

ROUTINE MEDICAL INSPECTION

This remains an important part of the Service and many defects and emotional problems requiring advice are brought to light. The routine inspection of infants is postponed until their third term in school, which allows parents and teachers to be sure that the child is settling down to school life.

It also allows the school nurse to test both vision and hearing (using the pure tone audiometer) before examination by the school medical officer. Routine examination is also carried out at 14 years, when the colour vision of the boys is tested. The emphasis of this examination is on fitness for ordinary working life.

The total number of children examined was 1,314, of whom 381 had defective vision and other significant defects requiring treatment, not including dental disease. Children admitted from schools not

maintained by the local authority who had not had a periodic medical inspection and pupils remaining at school beyond school-leaving age, were also included in this total. An estimate of each child's physical condition was made and 99.54 per cent. (1,308 children) were classified as satisfactory.

SCHOOL SURVEYS

The intermediate inspection has been replaced by a survey of selected age groups carried out during normal P.E. Lessons. Sixty-two children with defects were noted and subsequently examined.

QUESTIONNAIRES

Health questionnaires were sent to parents and teachers of children in their second term at a secondary school. Three hundred and three were returned by parents of which thirty-five contained a request to see the school doctor.

OTHER EXAMINATIONS

School medical officers visit each school every term to examine children about whom parents, teachers or the school nurse request advice. Two hundred and fifty-nine children were brought to notice in this way, and re-examination of children with defects found at previous medical examinations totalled 1,043. The regular opportunity to meet the head teachers in this way is most helpful. Consultations and examinations are also carried out at the school clinic when necessary.

The school medical officers and nurses are fully aware of the difficulties and problems which occur from time to time even in the best ordered families. Some parents still look upon the School Health Service as impersonal and not interested in a child's home life. In fact, it is interested in the whole child, physically, mentally and socially, for any troubles affecting him at home produce repercussions at school. Advice and guidance are readily available, and those dealing with children are encouraged to ask for help of this kind. The co-operation of parent, teacher and medical staff is essential to the solution of many emotional problems.

INDEPENDENT SCHOOLS

Whilst the Independent Schools do not participate in the formal arrangements for school medical examinations, the School Health Service is used freely in respect of individual services such as Child Guidance, Speech Therapy, Ascertainment of handicap, Immunisation and the prevention of spread of communicable disease.

4. WORK OF THE SCHOOL NURSES

The School Nurses accompany the Medical Officer at all medical inspections in schools and clinics, carry out vision and hearing tests at

the schools, conduct minor ailment clinics, and undertake health education within schools on request.

Annual vision tests were carried out in all schools during the year and children with defects were referred to ophthalmic opticians or to the Eye Clinic if a squint was suspected.

	<i>Sessions</i>			
Medical Inspections	153
Preparation for Medical Inspections	26
Hygiene Inspections	58
Vaccination, Immunisation and B.C.G. in Schools	97
Audiometric testing	43
Vision Testing	81
Dental Clinics	188
Minor Ailment Clinics	536
Health Education in Schools	83
	<i>Visits</i>			
Home Visits to Schoolchildren	430
Other School Visits	155

There are a number of families in Eastbourne who fall into the category of “problem families”. The children tend to be neglected and sometimes become beyond parental control and are often in moral danger. In dealing with these families there is the closest liaison between the School Health Service and social workers involved. Especially difficult cases are considered and discussed by the Co-ordination Committee for Child Welfare, which is made up of the Superintendent Health Visitor, Senior Welfare Officer, Children’s Officer, Housing Manager, School Attendance Officer, Probation Officer, Psychiatric Social Worker, and a representative from the National Assistance Board. The Deputy Principal School Medical Officer acts as Chairman of this committee. Seventy-six families were helped, eleven of them being time-consuming. The report of the Co-ordinating Committee is to be found on page 25.

5. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctors, to hospital for specialist opinion, or to the School Clinic for treatment for minor ailments and other special defects.

MINOR AILMENT CLINICS

	1963	1964
Total number of children who attended ..	409	531
Total attendances made	2,333	3,504
Total number of defects treated	415	540

Conditions treated were:	1963	1964
Impetigo	16	22
Eye diseases (external)	19	25
Ear diseases	10	22
Other skin diseases (boils, septic conditions, etc.)	197	232
Miscellaneous (sprains, burns, cuts, etc.) ..	163	236
Pediculosis	10	3
	<hr/> 415	<hr/> 540

These Clinics are supervised by the School Nurses and take place daily from 9 to 9.30 a.m. at Avenue House, Green Street, Hampden Park and Acacia Villa and the Lindfield School. Clinics are also held at Langney twice a week and at the Downs School three times a week and a School Nurse visits the High School for the purpose of treating minor ailments, particularly verruca, which continues to be prevalent among children of school age.

CHIROPODY

Mr. S. D. Moulton, L.Ch., S.R.Ch., M.R.S.H., the full-time departmental Chiropodist, is now responsible for school children's chiropody sessions. Twenty children made seventy-six attendances during the year for the treatment of corns, callosities and minor foot defects.

VISUAL DEFECTS

Supplementary Ophthalmic Service

School children thought to have a simple refractive error were referred to an ophthalmic optician chosen by the parents. Thirty-six children were referred by School Medical Officers, and ninety-one by School Nurses from the annual vision tests. The help of the local ophthalmic opticians who have taken part in this scheme and their co-operation in submitting reports on the children whom they examine is greatly appreciated.

During the year 153 forms were issued to children for the repair or replacement of their glasses under the National Health Service.

Eye Clinic

This takes place at the Princess Alice Hospital under the supervision of a Consultant Ophthalmic Surgeon. During the year, Mr. B. Shrivastava, M.R.C.S., left to take up another appointment and Mr. F. N. Shuttleworth, D.O.M.S., was appointed to fill the Consultant vacancy. Orthoptic and other specialist treatment is available at this clinic. There is still a waiting list of children overdue for review at the clinic.

	<i>New Cases</i>		<i>Old Cases</i>	
	<i>1963</i>	<i>1964</i>	<i>1963</i>	<i>1964</i>
Number of cases referred to Ophthalmic Clinic	75	75	336	299
Number of attendances made ..	90	130	354	363
Glasses prescribed	40	34	194	118

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year, 718 children had a screening test in school using the pure tone audiometer. Of these 181 failed and were referred for further testing. The majority of these cases have now recovered normal hearing, but there are a number of children who have permanently impaired hearing and others who are troubled by catarrhal deafness for many months.

After retests, twelve children were referred to the Ear, Nose and Throat Department of the local Hospitals, and one referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, London.

The arrangements for screening the hearing of pre-school children have been continued, and a register compiled of those who are at special risk of being deaf.

There are twenty-six children in school wearing hearing aids and a number of others with intermittent deafness. Many of these require supervision by the Educational Psychologist or a trained teacher of the deaf, and serious concern is felt that this has not been available. Whilst Mrs. Morris is to be congratulated on her promotion to Acting Headmistress of the Downs School, the lack of a replacement peripatetic teacher of the deaf for this group of children is to be deplored. The School Medical Officers do their best to ensure that the children wearing hearing aids obtain the maximum benefit from the aid, but they cannot ensure that speech, language development, comprehension and the general rate of progress of which the child is capable are reached or maintained, and nor, in my opinion, can a class or subject teacher.

Supervision of children wearing hearing aids in other schools has been continued by the school medical officers, but serious concern is felt at the lack of supervision due to the pressure of work on the teacher of the deaf and the educational psychologist. Some of these children really need individual speech training, and help in language development and comprehension, which is beyond the scope of work in a normal school classroom.

Fifteen children were referred to the E.N.T. Department for advice concerning unhealthy tonsils and adenoids.

ORTHOPAEDIC DEFECTS

One child suffering from a foot disability requiring the Specialist's opinion was referred to the hospital.

As a result of the annual surveys, periodic medical inspections and re-inspections carried out during the year, children with faulty posture and defective feet were referred for remedial exercises as follows:

		<i>Breathing Exercises</i>	<i>Postural Exercises</i>	<i>Foot Exercises</i>
Infant and Junior Schools	..	32	31	95
Secondary Schools	..	3	18	21
Avenue House Clinie	..	27	10	12
		—	—	—
		62	59	128
		—	—	—

The exercises were given by the third-year students of Chelsea College of Physical Education and were of great benefit to the children. The work done by Miss Sebestyen, in approaching the schools and arranging the classes, is much appreciated.

OTHER DEFECTS

Enuresis. In the course of the year ten children have borrowed electric alarm pad units. Four children are now cured, three have not improved and three are still under treatment. At the end of the year there were two children waiting for a unit. A number of children have also been treated by the hospital paediatric department which holds a stock of these units.

Obesity. Five overweight children have been found and referred to the clinic during the past year. Parents and children receive help and encouragement from the School Nurse at the regular weekly clinic when the children are weighed and their eating habits discussed. The children's progress is supervised by the school doctor. Four children referred in the previous year continued to attend. Two of the children were given advice regarding their diet and it was not necessary for them to attend again. Four of these cases were referred by the school doctors and one by a General Practitioner.

This work is essentially a part of health education and it is hoped that the habit of sensible eating formed by attending the clinic will prevent these children with a tendency to become fat from growing into chronically overweight adults.

REPORT OF THE SPEECH THERAPIST (MRS. K. HANSFORD, L.C.S.T.)

Weekly Speech Therapy clinics were held at Avenue House and Acacia Villa and, during school terms, at the following schools:

	<i>Sessions</i>	<i>Children Attending</i>
Hampden Park Infants' School	35	33
The Lindfield School	74	32
Hazel Court Junior Training Centre ..	32	25
Occupation Centre	10	10
Avenue House	185	38
Acacia Villa	42	10
The Downs School (including Old Town) ..	24	19
	<hr/> 402	<hr/> 167

Number of children of school age attending during the year	132
Number of attendances made by children of school age	1,684
Number of children under school age attending during the year	34
Number of attendances made by children under school age	575
Number of children seen at Hazel Court during the year:	35
Number of attendances made by children at Hazel Court	201
Number of attendances made by children at Occupation Centre	55

Two children of school age, but not attending school, made thirty-eight attendances. Two cases over school age made nine attendances.

<i>Type of defect treated (children of school age)</i>	<i>Cases</i>
Dyslalia	38
Stammer	10
Sigmatism	17
Spastic speech	3
Deafness	2
Cleft palate	3
Other defects	59
	<hr/> 132

<i>Type of defect treated (children under school age)</i>	
Dyslalia	17
Stammer	3
Sigmatism	2
Delayed speech	8
Other defects	3
Cleft palate	1
	<hr/> 34

Number of new cases referred during the year ..	58
Number of new cases referred (under school age) ..	17
Number of cases referred and having treatment at the end of the year:	91
Number of children of school age discharged during the year:	41

6. CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

The Child Guidance Clinie has continued to help children and young people with a variety of psychological problems, from personal unhappiness or lack of satisfaction at one extreme to anti-social behaviour at the other. Classification of these problems is sometimes rather arbitrary, as categories may overlap and one individual may exhibit disturbances in more than one field.

There has been an increase in the number of adolescents referred, and the evening session continues to be most useful.

(a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1964	75
Number of cases re-referred in 1964	4
	— 79
Number of cases carried forward from 1963 ..	21

Referred by:

School Medical Officers	41
Schools	5
Private Doctors	15
Hospitals	1
Probation Officers	2
Parents and other sources	14
Children's Officers	1
	— 79

Problems:

Personality and Nervous Disorders	35
Habit Disorders	8
Behaviour Disorders	29
Educational or Vocational Guidance	6
Special Examination for Juvenile Court or Placement	1
	— 79

How dealt with:

Psychiatric Treatment	..	..	..	23
Periodic Supervision..	..	..	..	26
Advice .. ..	..	..	..	13
Intelligence Testing	..	..	..	6
Withdrawn before Diagnostic Interview	..	..	..	3
Awaiting Diagnostic Interview	..	..	..	8
			—	79

The following summary gives an indication of the amount of work involved in dealing with all cases:

Psychiatrist:

Diagnostic Interviews	..	..	..	59
Treatment Interviews	..	..	..	346

Psychologist:

Interviews for Tests	..	..	..	55
Interviews with Parents	..	..	..	5
School and other visits	..	..	..	10

Psychiatric Social Worker:

Interviews in Clinic ..	..	..	..	187
Home and other visits	..	..	..	207
Social Histories ..	..	..	..	43

Analysis of Treatment Cases closed during current year:

(i.e. Old and new cases seen by Psychiatrist in 1964 and previous years and discharged during 1964 according to the following categories):—

Discharged—Improved	..	..	11
Not improved	..	..	2
After advice	..	..	5
Transferred	..	..	8
Unco-operative	..	..	2

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of new cases referred during 1964	..	64
Number of cases re-referred during 1964	..	5
	—	69
Number of cases withdrawn before being seen	..	3

Sources of referral:

School Medical Officers	..	..	..	27
Schools .. ..	..	..	..	33
Private Doctor or Hospital	..	..	..	1
Parents .. ..	..	..	..	7
Children's Officer ..	..	..	..	1
			—	69

Problems:

Educational Guidance	..	..	..	62
Vocational Guidance	..	..	..	2
Behaviour Difficulties	..	..	..	3
Other difficulties	..	..	..	2
				—
Number of cases seen during 1964	..	..		69
				62

How dealt with:

Advice only	..	..	..	14
Placement in E.S.N. School recommended	..	..	..	11
Placement in J.T.C. recommended	..	..	..	2
Other placement recommended	..	..	..	5
Remedial teaching undertaken	..	..	..	6
Kept under supervision	..	..	..	18
Referred to Child Guidance Clinic	..	..	..	6

Summary of work carried out:

Interviews for tests	..	..	..	91
Interviews with parents	..	..	..	25
Remedial teaching interviews	..	..	..	296
School visits	..	..	..	50
Home and other visits	..	..	..	20

Analysis of Remedial Teaching Cases:

Number of children in attendance during 1964	..	17
Number of children discharged improved	..	4
Number of children discharged unco-operative	..	2
Number of children transferred to Special School	..	1

7. HANDICAPPED CHILDREN

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:

	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially Sighted	2	—	3	—	1	6
Blind	1	—	—	—	1	2
Partially Hearing	1	8	22	—	—	31
Deaf	5	—	—	—	—	5
Delicate	1	9	4	—	1	15
Physically Handicapped	1	9	2	1	—	13
Educationally Sub-normal	1	81	—	—	—	82
Epileptic	—	—	1	1	—	2
Maladjusted	1	5	1	—	—	7
	13	*112	33	2	3	163

*This total includes five children from other authorities

EPILEPTICS

There are seventeen children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

CHILDREN FOUND TO BE UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944	..	6
Number of children reviewed under the provisions of Section 57(A) of the Education Act, 1944	.. .. .	-
Number of decision cancelled under Section 57A (2) of the Education Act, 1944	.. .. .	-

THE LINDFIELD SCHOOL

The following is the report of Mr. S. Moss, L.C.P., Headmaster:

Number on Roll at 31st December, 1964	..	56 boys 24 girls
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The year has gone in much the same pattern as previously. One innovation was a week's holiday in Holland. We were based in The Hague, but used our Mini-bus for travelling a great deal around the coast of Holland. This proved to be highly successful and will certainly be repeated on some future occasion.

Our Annual Camp was again spent at Ashburnham Place, and the boys enjoyed extremely good weather and benefited greatly. The improvement in their canoeing technique and in their general physique is becoming more noticeable, and we shall in due course extend our efforts to sailing in the dinghy which has been built by the boys during 1964.

As in the past years the children leaving have all been placed in jobs suitable to their ability, and all of them seem happy in the work that they are doing.

Our numbers have slightly decreased but this is much to the advantage of the children as it gives us a better chance of giving individual tuition.

Our thanks are due to Mrs. Dale and Dr. Wigfield for their lessons in hygiene and allied subjects, and to Miss Moss the School Nurse for her regular attendance to keep our minor ailments in check. We are also grateful to Chelsea College for the work that their students have done for our children who need remedial exercises.

DOWNS SCHOOL, BEECHY AVENUE, EASTBOURNE

Forty-five children were on the register of the Downs School at the beginning of the year and were classified as follows:

Delicate	..	..	..	..	..	15
Physically Handicapped	12
Partial Hearing	11
Maladjusted	6
Aphasic	1

45

Number of admissions	4
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Children left for the following reasons:

Transferred to ordinary schools	7
School leavers	..	..	..	..	5
Left the district	..	..	..	..	2
Transferred to the Lindfield School	..	..	..	..	1
Returned to Residential School	..	..	..	..	1
Transferred to the Junior Training Centre	..	..	..	..	2

18

The number of children on the register at the end of the year was:

Delicate	..	..	..	..	..	9
Physically Handicapped	..	..	..	..	..	9
Partial Hearing	..	..	..	..	..	8
Maladjusted	..	..	..	..	..	5

31

There were forty-five children on the school roll at the beginning of 1964 and thirty-one at the end. The children suffer from a variety of handicaps—delicate, physically handicapped, partially hearing and emotionally disturbed.

Miss Gurr left the school at the end of the summer term to take the Headship at Tunbridge Wells Open Air School. Mrs. A. Morris, Teacher of the Deaf and a full time member of the staff, became Acting Headmistress.

Children who need Speech Therapy attend the Clinic at Avenue House, Eastbourne. The physiotherapist attends twice a week at the school for children with special needs.

A group of children go regularly all the year round, to the Devonshire Baths and several swimming certificates have been obtained this year. The students of Chelsea College give help here and also teach Country Dancing, Physical Education and Remedial Exercises, one half-day a week at the school.

The school leaving age continues to pose a problem. Of five boys who left this year, two have gone on to further training, three are working.

The older children spent an enjoyable day at Arundel Castle in the summer. Those who could swim went canoeing at Milton Court on several occasions.

Harvest Festival and Christmas were again celebrated at school. Harvest gifts were taken to elderly people in need near the school. The collection at the Carol Service was again sent to the Pestalozzi Children's Village Trust.

8. SPECIAL TUITION

At Home Tuition was given to two children suffering from psychiatric disorders; one was admitted to a residential school in April.

In Hospital Tuition was given to three children whilst they were in Hospital.

9. DENTAL CLINIC

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
MR. M. G. BERRY, L.D.S., R.C.S.

SESSIONS

The number of sessions devoted to inspections and treatment were:
The Principal School Dental Officer 376
School Dental Officer 420

Of these, 44 sessions were devoted to inspections and 752 to treatment.

GENERAL SERVICES

At the 45 sessions devoted to dental inspection, 5,862 children were seen in the following age groups:

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Inspected	84	463	477	426	535	520	539	541	545	534	567	355	164	88	22	2	5,862

At the special request of parents, a further 116 were inspected at the clinic, making together a total of 5,978 children seen. Of these, 2,035 (34 per cent.) were found to require treatment, and 1,649 individual children actually received treatment during the year.

The following is a summary of the treatment given:

Fillings:

Permanent teeth 2,255
Temporary teeth 164

2,419

Number of teeth filled:

Permanent teeth	1,962
Temporary teeth	154
	<hr/>
	2,116

Extractions:

Permanent teeth	473
Temporary teeth	981
	<hr/>
	1,454

<i>Administration of general anaesthetics</i>	738
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Other operations:

Permanent teeth	3,122
Temporary teeth	163
	<hr/>
	3,285

<i>Number of pupils supplied with artificial dentures..</i> ..	21
--	----

During the year routine dental inspections were carried out on school premises at all the schools maintained by the Authority, except for Bourne Infants (approximately 100 children). At these inspections, 5,862 children were examined. These, together with the 116 special applications for treatment made a total of 5,978 children seen, of whom 2,035 were found to require treatment and 1,649 were actually treated. The numbers referred for treatment (34 per cent.) showed a decrease of 2 per cent. compared with the previous year.

Treatment was provided at the central clinic at Avenue House, and occupied 752 sessions. Two thousand two hundred and fifty-five fillings were inserted into permanent teeth and 164 into temporary teeth. Extractions totalled 1,454 of which 473 were permanent teeth. The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen with the additional use on occasions of Trilene or Halothane vapourisers used in conjunction with either a McKesson or a Walton anaesthetic apparatus. General anaesthetics were administered on 738 occasions.

To replace permanent teeth, usually the upper front teeth damaged beyond repair in accidents, 21 artificial dentures were constructed. The department is equipped with its own X-ray apparatus, and radiological examinations were carried out on 254 children.

The orthodontic work is now carried out through arrangements with the Regional Hospital Board, but the clinics continue to be held at Avenue House, which enables us to keep a close liaison with the

orthodontic consultant, Mr. D. A. Plint. Fifty-three children were referred from the ordinary school clinics for treatment at the specialist orthodontic sessions.

As will be seen by the comparatively low figure (34 per cent.) of those referred for treatment, the general dental condition of children here can be regarded as satisfactory, although it must be admitted that this condition is due to operative and conservative dentistry, and not to any advance in preventive or prophylactic procedures.

In this connection, an interesting and what should prove most illuminating research project has recently been started in two of our largest secondary modern schools, Bishop Bell and Ratton. The study is being promoted and carried out by Professor Geoffrey Slack and Mr. Colin Davis of the Dental Health Unit of the London Hospital Medical College Dental School. When parental permission has been obtained, boys and girls aged 11–13 years are taking part in the scheme, which includes regular dental inspection, in addition to the ordinary routine school inspection, and the issue of free tooth paste and tooth-brushes during a two-year period. A feature of special interest is the role played by the schools in this dental health scheme. For the first time in this country an attempt is being made to evaluate over a long period the effect of tooth brushing at school. Children taking part are to have their toothbrushing supervised after school dinners. In view of the extra time and work involved, great credit is due to the Headmasters and teaching staff who have agreed to co-operate in this project.

The efficiency of the tooth-brush as a weapon in our defence against dental caries has been at times much in question. I feel, however, that like all instruments it must be used in the correct way in order to produce the maximum beneficial effect. On too many occasions, it is used for a hasty, barely ten-second, slick round the mouth, without any real attempt being made to ensure that all food debris is removed, and then afterwards condemned as useless when more cavious cavities develop. While in no way detracting from what I consider of primary importance in the prevention of dental caries, namely the inclusion in our diet of the tough fibrous material needing forceful chewing, I feel that this new investigation should provide some enlightening facts and figures to help and guide us towards the prevention, and not merely the cure, of dental disease.

10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

Report of Mr. W. Ashworth, Inspector of the National Society for the Prevention of Cruelty to Children, reports:

Total number of cases dealt with	..	..	..	109
Total children involved	..	..	..	262

Classified as follows:

Neglect	64
Assault	12
Beyond Control	1
Moral danger	2
Aid or advice sought	30
Number of cases dealt with by warning	74
Number of cases dealt with by advice	30
Cases dropped upon investigation	4
Otherwise dealt with	1

The cases were reported by:

General public	58
Police	5
Other officials	46

The local Inspector made twelve enquiries for other branches.

The Inspector made 1,200 visits of supervision, plus calls on Public officials and other miscellaneous calls, in dealing with the 109 cases and also 79 problem families.

No court action was necessary for 1964.

Food parcels and toys were distributed at Christmas to seventy-five needy families and such was the extent of the help this year that distribution would have been impossible without the welcome aid of the District Health Visitors.

The Inspector would also like to thank the Superintendent Health Visitor for her valuable help as well as the officers of the Child Guidance Service. Full co-operation has been received from all departments.

11. JUVENILE CRIME

The Chief Constable, Mr. R. W. Walker, has kindly supplied the following statistics:

	<i>Males</i>	<i>Females</i>
Conditional discharge.. .. .	8	—
Probation	12	—
Approved school	5	—
Fined	16	1
Otherwise disposed of	2	—
	—	—
	43	1
Cautioned	27	2
	—	—
TOTAL	70	3
	—	—

12. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 410 children attending secondary modern schools who had had their final school medical inspection and were fit for all types of employment. Form Y.9 was issued in respect of thirty-six children, indicating types of employment for which they were not suitable. Three handicapped children were issued with Form Y.10, with a view to registration as disabled persons.

The one severely handicapped child leaving school during 1964 is taking a one-year course at the Eastbourne College of Further Education.

To comply with the By-laws regulating the employment of children of school age, a medical certificate must be produced stating that employment will not be prejudicial to the child's health or development and will not render them unfit to benefit fully from their education. One hundred and eighty-one such certificates were completed and sent to the Youth Employment Officer.

13. PROVISION OF CLOTHING

EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948, SECTION 5

Various articles of clothing were supplied by the Education Authority to ninety children from fifty-two families.

14. SCHOOL MEALS AND MILK

During the year 1964, the total number of meals served was 790,208 of which 27,989 were free. For the year 1963, the total number of meals served was 755,892 of which 26,164 were free.

The Milk in Schools Scheme continues to function and the $\frac{1}{3}$ -pint bottles of milk are available for all primary and secondary school children who wish to take it. The following table shows the number of children taking meals and milk on one day in October, 1964, and 1963.

<i>A day in October</i>	PRIMARY AND SECONDARY DEPARTMENTS					
	MEALS				MILK	
	<i>No. of Children in Schools</i>	<i>Free</i>	<i>Paid</i>	<i>Percentage taking Meals</i>	<i>Total taking Milk</i>	<i>Percentage taking Milk</i>
1964	6,402	148	3,608	58.6	4,723	73.9
1963	6,068	111	3,481	57.5	4,729	77.9

15. NOTIFICATION OF INFECTIOUS DISEASE

The following notifications of infectious disease in children of school age were received in the Department:

Scarlet Fever	..	..	..	..	..	8
Measles	..	..	..	..	..	8
Whooping Cough	..	..	..	..	..	7
Acute pneumonia	..	..	..	..	..	1
Paratyphoid Fever	..	..	..	..	..	1

16. TUBERCULOSIS

No cases of tuberculosis were notified in children of school age during the year.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

For some years children known to be contacts of cases of tuberculosis have been offered this vaccine by the Chest Clinic as a routine preventive measure. Twelve children of school age were thus vaccinated.

In addition B.C.G. vaccination has been offered to children of thirteen years attending both Local Authority and private schools, and to students attending colleges of further education.

Details of children and students taking advantage of the scheme are as follows:

	<i>Skin Tested</i>				<i>Vaccinated</i>
Children in school	583	516
Students	7	5

17. VACCINATION AND IMMUNISATION

The Local Health Authority arranges for school children to receive vaccination and immunisation against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. There is close liaison between the Sections of the Department dealing with Vaccination and Immunisation and the School Health Service. Statistics relating to the protection of school age children are given in the relevant section of the Medical Officer of Health's Annual Report.

18. DEATHS OF SCHOOLCHILDREN

Deaths of children of school age during the year were as follows:

Boy, aged 15 years—1. (a) Status Epilepticus
 Boy, aged 6 years—1. (a) Acute Leukaemia

19. COLLEGES OF EDUCATION

The Department has been privileged to continue to assist with administrative medical problems as they arise in the Colleges.

Lectures were given by members of the staff to the students and three sessions at Eastbourne Training College and eleven sessions at Chelsea College of Physical Education were held during the year for medical examinations.

Valuable help was received from staff and students of Chelsea College who held remedial classes for handicapped children and those with minor postural and orthopaedic defects. Classes were held in the clinic, in school and in the swimming bath, giving children the benefit of individual specialist attention.

20. ANNUAL REPORT OF CHILD WELFARE CO-ORDINATING COMMITTEE, 1964

INTRODUCTION

With the implementation of the Children and Young Persons Act, 1963, the work of the Child Welfare Co-ordinating Committee was extended. It is a case conference of social workers giving help to both problem families and other families at risk of breaking up, and consists of nine members representing the relevant statutory and voluntary agencies, plus the Deputy Medical Officer of Health who acts as Chairman. When a family is notified to the Committee as being in need of long term help the name is added to the register and the social worker whose field of work and experience is most relevant to the problems of the family is requested to become their "Key Worker". This involves befriending the family, keeping an eye on possible hazards such as debts and rent arrears, giving advice and arranging such help or training as is necessary to the welfare of the family.

Material help is, on occasions, necessary to supplement the social work done and requests for this are made by the Key Worker to a panel of three members of the Co-ordinating Committee. During the year 8 families were given material help at a total cost of £43 3s. 11d.

With the co-operation of the Town Clerk the Committee is now notified not only of Council tenants given notice to quit on account of rent arrears, but also those whose arrears are building up seriously. If the family is on the register the Key Worker is immediately informed; if it is not a Health Visitor is dispatched to investigate the matter and if possible help the family to put things right. In this way it is hoped to detect families before they go over the brink into multiple debts which are impossible to repay. During 1964, 60 families in Council accommodation were given preliminary notice to quit, though only one family was evicted. This compares with 52 families given notice to quit during 1963.

The size of the problem

At the end of the year there were 76 families on the register; 11 of these are classified as severe problems, with multiple social difficulties requiring intensive case work; 23 families are classified as moderate problems, who need constant supervision and at times intensive case work; the remaining 42 are "at risk" of breaking up and require a degree of skilled supervision.

Distribution of the families among the case workers is as follows:

Children's Officer	..	..	11
School Attendance Officer	..	..	2
District Health Visitors	..	..	25 (<i>divided between 7 Health Visitors</i>)
Health Visitor with special training	..	..	9
Housing Manager	..	..	6
N.S.P.C.C. Inspector	..	..	4
Probation Officer	..	..	6
Child Guidance Clinic Social Worker	..	..	10
Mental Welfare Officer	..	..	3
			—
			76
			—

The causes of problems

(a) By far the greatest problem to deal with is a personality defect in the parents, ranging from young people too immature to cope with family responsibilities to totally irresponsible adults whose only title to parenthood appears to be their ability to procreate children. Personality Defects account for 56 (74 per cent.) of the families (20 mother; 15 father; and 21 both parents).

(b) Linked with this is the inability to manage family finances, which leads 24 (32 per cent.) into difficulties.

(c) The problem of bringing up a family single-handed is also very evident. In 26 (34 per cent.) families one parent is missing—separated, divorced, died, in prison, or never married.

(d) Large families are particularly prone to becoming severe problems. The average size of families in the three categories of severity is as follows:

<i>Degree of Severity</i>	<i>No. of Children</i>
Severe	4.45
Moderate	3.83
At risk	2.81

(e) In this respect, family limitation is a logical step in the prevention of problems arising. Twenty-two families have been considered to be in special need of contraceptive facilities during the

year—5 mothers in these families have in fact become pregnant again.

(f) The matter of housing is worthy of note since it is one of the most important factors in the keeping together and rehabilitation of families. There has been a real threat of eviction in 28 families, usually due to non-payment of rent, and 3 families have in fact had to leave their homes, though in each case alternative accommodation has been found.

The results achieved

The year's work was reviewed in October when 15 families were reported by their Key Worker to have improved, and 11 to have deteriorated. The principal cause of deterioration was parental irresponsibility, with deteriorating health of the mother coming second. Three of these deteriorating families are now on the list of the Health Visitor with special training (Diploma in Social Studies). Twelve families were taken off the register as no longer requiring a family case worker, but during the year 15 new families have been added to the register.

Six of the families on the register have broken up and the children are now in care. In the case of two families we felt that the situation was hopeless from the start; the death of the mother in a third case; and the permanent mental illness of the mother in another case precipitated the family breakup. Another 14 families had children in care for a considerable time as against 30 in 1963. Short term admissions took place in 6 families (9 in 1963) due to mothers' illness or confinement. This is an indication of the isolation of some of these families who cannot rely on the help of relatives at these times of difficulty.

CONCLUSION

It is difficult to measure success or failure for this depends on more than merely whether or not a family has managed to remain together as a unit. Hearing, as I have, detailed accounts by the social workers of the work done amongst these families I have no doubt in my mind that some families have benefited enormously from the support and training given and many, though not yet stabilised, have at least been hauled back from the brink of social disaster.

I should like to thank the members of the Co-ordinating Committee for their friendly and willing help, the Town Clerk and the Committees of the Town Council who have turned our requests for help into administrative action, the Family Planning Association who are carefully supervising four of our families, visiting them at home when necessary, and not least Mrs. S. M. James and Mrs. S. M. Hook, the Secretary and Clerk/typist respectively of the Co-ordinating Committee, without whose help these statistics could not have been compiled.

W. J. WIGFIELD, *Chairman*

DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1964

Local Education Authority: EASTBOURNE C.B.

Number of pupils on registers of maintained schools in January, 1965, and in Direct Grant, Non-maintained and Independent schools (under arrangements made by the Authority) as in (i) Form 7 Schools, 6,471; (ii) Form 7M, 112; (iii) Form 8b Schools, 15; (iv) Form 11 Schools, Nil.

TOTAL . . 6,598

NOTES—1. Pupils found at Periodic Inspection to require treatment for a defect should not be excluded from columns (5), (6), and (7) by reason of the fact that they were already under treatment for that defect.

2. Columns (5), (6), and (7) relate to individual pupils and not to defects. Consequently, the total in column (7) will not necessarily be the same as the sum of columns (5) and (6).

Part I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY	UNSATISFACTORY	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		Number	Number			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960 and later	—	—	—	—	—	—
1959	133	133	—	6	32	35
1958	397	397	—	20	70	82
1957	26	26	—	—	2	2
1956	20	20	—	2	2	4
1955	18	17	1	1	8	9
1954	8	8	—	1	1	2
1953	5	5	—	1	2	3
1952	12	12	—	2	4	5
1951	8	8	—	2	2	2
1950	452	450	2	83	70	139
1949 and earlier	235	232	3	76	28	98
TOTAL	1,314	1,308	6	194	221	381

Column (3) total as a percentage of Column (2) total 99.54%
 Column (4) total as a percentage of Column (2) total 00.46%
 to two places of decimals

TABLE B—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	..	259
Number of Re-inspections	..	..	..	1,043
			Total	1,302

TABLE C—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	8,828
(b) Total number of individual pupils found to be infested		11
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	.. .. .	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	.. .. .	—

Part II

Defects found by Periodic and Special Medical Inspections during the Year

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total			
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(O) (12)
4	Skin	2	15	16	26	7	1	25	42	11	1
5	Eyes:										
	a. Vision	26	153	119	32	49	7	194	192	9	1
	b. Squint	13	3	3	2	3	—	19	5	1	—
	c. Other	2	3	2	13	—	2	4	18	3	1
6	Ears:										
	a. Hearing	12	105	4	7	1	6	17	118	17	7
	b. Otitis Media ..	3	10	3	7	—	4	6	21	—	1
	c. Other	1	1	2	10	—	1	3	12	6	1
7	Nose and Throat ..	21	59	3	29	1	3	25	91	10	1
8	Speech	17	14	5	5	3	1	25	20	7	—
9	Lymphatic Glands ..	11	26	—	11	1	—	12	37	—	—
10	Heart	3	7	1	9	1	1	5	17	—	1
11	Lungs	6	20	1	12	1	—	8	32	5	5
12	Developmental:										
	a. Hernia	1	8	—	2	—	—	1	10	—	1
	b. Other	1	20	4	7	—	2	5	29	1	—
13	Orthopaedic:										
	a. Posture	7	5	11	14	—	1	18	20	1	1
	b. Feet	33	18	13	12	5	2	51	32	25	5
	c. Other	2	5	9	22	—	1	11	28	2	—
14	Nervous System:										
	a. Epilepsy	—	1	7	1	1	—	8	2	4	1
	b. Other	—	—	—	1	—	—	—	1	1	2
15	Psychological:										
	a. Development ..	2	16	1	5	—	1	3	22	11	5
	b. Stability	4	10	4	19	2	3	10	32	15	6
16	Abdomen	—	9	—	13	—	2	—	24	1	1
17	Other	3	5	7	11	2	1	12	17	14	6

Part III

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES: This part of the return should be used to give the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	29
Errors of refraction (including squint)	384
TOTAL ..	413
Number of pupils for whom spectacles were prescribed	152

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	160
(c) for other nose and throat conditions	6
Received other forms of treatment	72
TOTAL ..	238
Total number of pupils in schools who are known to have been provided with hearing aids— ..	
(a) in 1964 (see note (i) below)	1
(b) in previous years (see note (ii) below)	25

(i) A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

(ii) The number entered in (b) should not include children who have left school.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	142
(b) Pupils treated at school for postural defects	49
TOTAL ..	191

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I)

					<i>Number of cases known to have been treated</i>
Ringworm:					
(a) Scalp	..	..	..	..	—
(b) Body	..	..	..	..	—
Scabies ..	..	..	..	..	—
Impetigo ..	..	..	..	..	22
Other skin diseases ..	..	..	..	..	278
TOTAL ..					300

TABLE E—CHILD GUIDANCE TREATMENT

					<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics ..					91

TABLE F—SPEECH THERAPY

					<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists					132

TABLE G—OTHER TREATMENT GIVEN

					<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments					236
(b) Pupils who received convalescent treatment under School Health Service arrangements					—
(c) Pupils who received B.C.G. vaccination ..					393
(d) Other than (a), (b) and (c) above. Please specify:					
Breathing exercises in school					35
Breathing exercises in Clinic					7
TOTAL (a)–(d) ..					671

SCREENING TESTS OF VISION AND HEARING

- | | | |
|--------|--|---|
| 1. (a) | Is the vision of entrants tested? | Yes. |
| (b) | If so, how soon after entry is this done? | During the third term in an infants school. |
| 2. | If the vision of entrants is not tested, at what age is the first vision test carried out? | — |
| 3. | How frequently is vision testing repeated throughout a child's school life? | Annually until 15 years of age. |
| 4. (a) | Is colour vision testing undertaken? | Yes. |
| (b) | If so, at what age? | 13-14 years. |
| (c) | Are both boys and girls tested? | Yes. |
| 5. | By whom is vision and colour testing carried out? | School Nurse and School Medical Officer. |
| 6. (a) | Is audiometric testing of entrants carried out? | Yes. |
| (b) | If so, how soon after entry is this done? | During the third term in an infants school. |
| 7. | If the hearing of entrants is not tested, at what age is the first audiometric test carried out? | — |
| 8. | By whom is audiometric testing carried out? | School Medical Officer or School Nurse. |

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SCHOOL HEALTH SERVICE

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